2

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the affecting physician and completely filled destricted existing the statement of the second permits and completely filled described the second of the seco

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01274

CERTIFICATE OF DEATH 1336

			20
Rea.	Dist.	No	28

I. PLACE OF DEATH		Z. USUAL RESIDENC	E (HOME) OF DECEA	SED
COUNTY Anne Arundel	MARYLAND	STATE Marylan	d COUNTY BE	altimore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corporat	te limits, write RURAL end give	
OR and give nearest town)	(in this place)	OR		700000
A CPOWNSVILLE	lyr.7mos.290	rana paremi	ore City	3V01-4
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give locati	on)
STREET ADDRESS Crownsville S	tate Hospital	844 Ca	rey Street	1
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dev) (Year)
DECEASED	firedway	(CDA)	OF	(Deal) (Legi)
(Type or Print) Fred		Abrams	DEATH 2	5 19 56
S. SEX 6. COLOR OR 7. SING	LE, MARRIED, B. DATE	OF BIRTH 9.	AGE last birthday IF UN	NDER 1 YEAR IF UNDER 24 HRS.
12	OWED, DIVORCED,	1/ /00	Mont	hs Deys Hours Min.
Mare Makin	Debarated //	/6/83	72 yrs. =	
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country]	12. CITIZEN OF WHAT
retirad) Unknown		Maryland		U. S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0, 0, 1
0/. 00		IV. MOTHER & MARKET IV	2 0	1 0.
timenous/urace ?	albams	Handamana-	molene H	avkim
15. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT & AD	DRESS	
(Yes, no, or unk.) (If Yes, give war or dates of servi	ica)	77 . 21.	7 D 1 -	
Unk. Unk.	Unknown		1 Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH	RTIFICATION		ONSET AND DEATH
11091	Arteriosclerotic	Candianaganlan	Di gasaa	
IMMEDIATE CAUSE (A)	M OOI TOOCIGIOGE	ONI GIOVASCULAI	DISCORD	
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8)				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3			
TO THE DEATH BUT NOT RELATED TO THE				
	FINDINGS OF OPERATION			20. AUTOPSY?
TO THE OTHER PROPERTY.	The birds of Orace tool			YES NO
21e. ACCIDENT WAS UNDERLYING 1 21b. PL	ACE (Home, form, factory,	21c. WHERE DID INJURY OCCUR?	(City as tawa)	County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJU	RY street, office bidg., atc.)	The state of the s	(City of lowing	Total (Store)
(IF EITHER, NOTIFY MEDICAL EXAMINER) = 21d, TIME OF INJURY (Month) (Day) (Year) (He	ourl 21e. INJURY OCCURRED			
Zid. Time OF INJOK! (Month) (Day) (1881) (no	While - Not while -	21f. HOW DID INJURY OCCUR?		
	M. at work . et work			
22. I hereby certify that I attended t	he deceased from 6/7	19 5/1 10 2	/5 10 56 th	at I last saw the deserred
2/5	and that death occurred a	6:050	deconstruction (2.1190) popularity 1131	a i iest sem the deceased
SIGNATURE	/ L. Benedict	U v Fla 2/a /	ESS (Street, city, lown, state)	
	We a d M.D.	Crownsv	ille, Md.	2/5/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CHARGE	LORSHAR ORY	LOCATION (City, town, or co	unty) (Stata)
23. BURIAL, CREMATION, DATE THEPEON 2/9/5	1 Billion	M. P	Bell	· ml
		A CONTRACTOR OF THE PARTY OF TH	dellimon	0110
24. REC'D BY REGISTRAR REGISTRAR'S S	IGNATURE /	28, FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS
DATE O 1000	Mr. Jacens	Den II. Kols	M 134871.0	Elkone it
	7. 41.12			

AT RESIMPLE ATTACK TO THE PARTY OF THE PRESENCE OF THE PRESENC

HEAST TO TRACE OF DEATH

BUREAU V. S.

BECEINED

VS A15C 1-55 10M

1300

CERTIFICATE OF DEATH

Reg. Dist. No...21...

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEABEI	D		
COUNTY Of (1	MARYLAND	STATE Maryla	nd county		a.	OL =	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL e	nd give nee	rest lawn)		
OR and give neerest town)	(in this place)	TOWN Edgew	reten				U
HOSPITAL OR		STREET		ve location)			-
INSTITUTION OR	de-X	ADDRESS					1
STREET ADDRESS G. G. V. Jen.	Maski-	The second secon	lown Shore				
3. NAME OF (First) DECEASED	(Middle)	(Fest)	4. DATE (Mor	nth)	(Dey)	(Ye4	ir)
(Type or Print) WILLIAM Melv	ille A/	TCHISON	DEATH 2	L	2	195	56
S. SEX 6. COLOR OR 7. SINGLE, MAR	RIED, 8. DATE	OF BIRTH S	. AGE lest birthday	IF UNDER	1 YEAR	IF UNDER	24 HRS.
Male White Married		14,1887	68 yrs.	Months	Deys	Hours	Min.
	IND OF BUSINESS	11. BIRTHPLACE (State or foreig		1 12	. CITIZE	N OF WH	AT
done during most of working file, even if	t. of Army	047 044	Da		COUN	TRY?	
13. FATHER'S NAME	t.or Army	O11 City,	ra.		Uer	3.A.	
IS. PAIRER'S NAME			/ - \$				
James Aitchison		, Adelaide	(3)				
	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS				
YESDIS charged 8/22/1915		- Mrs. Jane	t N. Aito	chiso	n. 1	Vife	
	18, MEDICAL ES		vater, Md.		INTE	RVAL BETY	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 . 11	A			ONS	ET AND D	EAIH
4 30,6 IMMEDIATE CAUSE (A) THE	Monary Co	nalellon			3	7/1/	<u>~</u>
ANTECEDENT CAUSE(S) DUE TO	ete Bert	Evol and &	ca white	2	11	DIT	15.
STATING UNDERLYING CAUSE LAST, DUE TO	MOLYTICSTA	PANDEUCUS	AUREN	5	19	DAY	5
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	7	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
194. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION				20	. AUTOPS	Y?
					YES	NO	
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF ETHER, NOTIFY MEDICAL EXAMINER)	me, farm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	[Cour	ity)	(Stete)
W	e. INJURY OCCURRED hile Not while work et work	21f. HOW DID INJURY OCCUR	?				ř.
22. I hereby certify that I attended the dec-		- 10 67	17- 10-	/ .h	In at any		
- 1 - 17	·	4 2 2		-			teased
alive on 19.3 cm, an	d that death occurred a	A. A. from the ca	uses and on the c ESS (Street, city, tow				-
BIGHTURE IL. I. I.	1 /2/ 1	11	2 Steps, city, row	The state	wh. 6	ATE SI	19 K
23. BURHAT, CREMATION, DATE THEREOF	M.D.	CREMATORY CREMATORY	LOCATION (City, tow	n, or county	gen	204	itale)
Burial (SPECIFY)	Arlington	Nat 1 Cem	Arlingt	on-	Va		
24. REC'D BY REGISTRAR REGISTRAN STONASHE		25. FUNERAL DIRECTOR'S	IGNATURE		ADDRESS		
	Cause!	d C. I.	Can, 17	56 P		ve.	NIV
DATE Feb. 6.1956 /// U	,UUV	House June	THE COUNTY	m la	D 0		

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CERTIFICATE OF DEATH

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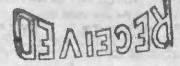
(T) manufelm (

mr. Johns M. Litokinon, Cito

Ed. Commercial Commerc

BUREAU V. A.

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registrar within 72 hours after death. by the funeral director, the third cop

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

5

CERTIFICATE OF DEATH

Item 8, FilmG194 3-13-56 et			Reg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEA	SED
COUNTY Anne Arundel	MARYLAND	STATE Marylan	d COUNTY SO	merset
CITY (If outside corporate limits, write RURAL OR and give negrest town)	LENGTH OF STAY	CITY (i) outside corporate	limits, write RURAL and give	neerest fown)
X TOWN Crownsville	2nos. Lidays	TOWN Westove	r	19x - 2
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(if rural give locati	on)
STREET ADDRESS Crownsville State	Hospital	None li	sted	V
	Uddla}	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Maggie		Armwood	DEATH 2	28 19 56
S. SEX 6. COLOR OR 7. SINGLE, MARRIEL RACE WIDOWED, DIVO	ORCED. 8. DATE C	F BIRTH 19-18 Car 9.		IDER 1 YEAR JE UNDER 24 HRS.
If and to a	ried No.	- 10/8 ?	58? yrs. Month	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS NDUSTRY	11. BIRTHPLACE (Stele or foreign	country)	12. CITIZEN OF WHAT
retired Not known		Maryland	SUBJECT STORY	U. S.
13. FATHER'S NAME	VANCOR CO. C.	14. MOTHER'S MAIDEN NA	ME	
John Wesley Maddox		Mirrhia Ma	ddox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS	
(Yes, no, or unk) (If Yes, give war or detas of service)	7-0 BH 56	75 Hospital	Records	
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE			INTERVAL BETWEEN ONSET AND DEATH
Hyper	tensive Cardi	iovascular Disea	SA	known to us
IMMEDIATE CAOSE (A)			sin	ce 12/14/55
ANTECEDENT CAUSE(S) DUE TO				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 190. MAJOR FINDINGS C	AS COSD A TION			
TYPE. MAJOR PIROTRES C				20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, fectory, fice bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	County) (State)
		21f. HOW DID INJURY OCCUR?		TO 140
22. I hereby certify that I attended the decease	red from 12/14	10 55 10 2/	28 10 56 th	at 1 last case the deceased
		8:25aM, from the cau		
SIGNATURE / 1004 ///	P COUNT DECENTED U		\$5 (Street, city, lown, state)	
Hillerard Heard PC	1 RALLILARD.	Crown	sville, Md.	2/28/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	The state of the s	LOCATION (City, town, or co	unty) (State)
3/2/56	Hestaver	(ametory)-	Theotower	1 my
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	7	25 FUNGICAL DIRECTOR'S SIG	NATURE	ADDRESS
DATE	Lycen	temas Vos +	+11mml	narion Mi
NO 1956	1 12	- Comment	1 1	

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GERTIFICATE OF DEATH

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APTHENT OF HEALTH PALTIMODE 10

Glen Burnie, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 22

MINDICAL EXAMINER S CER	ILLICATE OF DEATH	No. 41
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Anne Arundel MARYLAND	_ STATE Maryland county anne Aru	ndel
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Anna polis	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1108 Eastport Terrace	STREET (If rural, give location) ADDRESS 1108 Eastport Terrace	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) HARRY ATHANAS	DEATH FEBRUARY 1	
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER I Y Pry 1, 1909 / 7 yrs. Months Da	7 -
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Manager Lunch Room	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	DH .
Unbnown	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: Yes, no, or unk,) (1f Yes, give war or dates of	17. INFORMANT & ADDRESS:	
Yes service) WW II 219-16-0684 V	iolet Athanas- Wife- same as # 2	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Heart Disease Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY:
21a. EXTERNAL CAUSE WAS PRIMARY Ell or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.		(State)
CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF OF INJURY February 14, 56 am. Not while at work to at work to the story to t	Annapolis Anne Arundel 21f. How Did Injury Occur? Natural causes	Maryland
22. I hereby certify that I took charge of the remains describ find that death resulted from: Natural causes A, Accid SIGNATURE Elmer G. Linter that I took charge of the remains described from: Natural causes A, Accid signature	ed above, held an Autopsy [], Inspection [4], lent [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER [] M. D. ASSISTANT MEDICAL EXAM.	mined cause []. DATE SIGNED Feb. 14,56
REMOVAL (Specify): Burial Green Haven Co	Y OR CREMATORY LOCATION (City, town, or cone tery Glen Burnie, Mary	la nd
DATE REC'D BY LOCAL REGISTRATION TURE Feb. 15. 1956	Hopothe and Kirk Low Fundal Home	ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

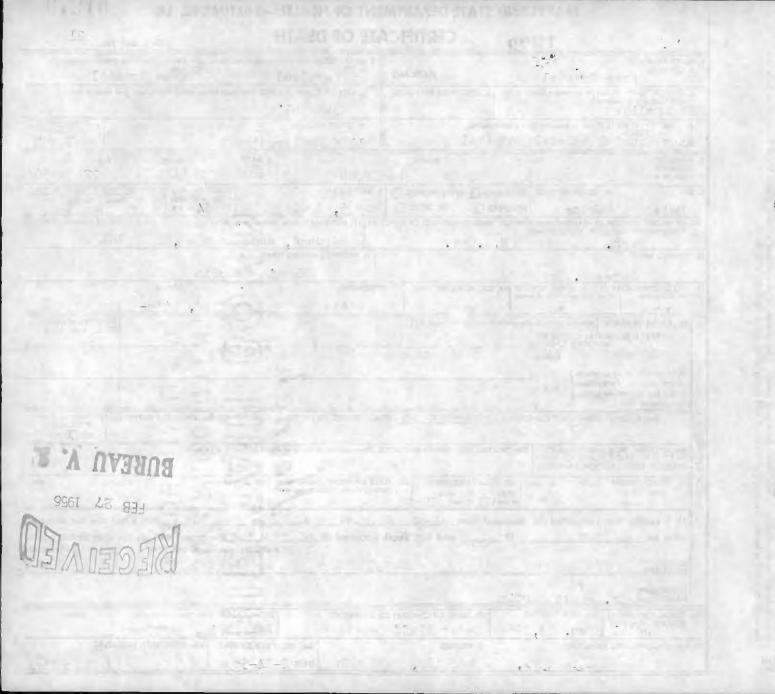
MARGIN RESERVED FOR HINDING

677 (12

BUREAU V. S.

EEB 13 1020

BECENAED



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01280

1337 CERTIFICATE OF DEATH

Reg. Dist. No. 24

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECKASED	1
	COUNTY Anotherende MARYLAND	STATE / Boylan of COUNTY Anna	Alexander 1
	CITY (It outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give need	est fown)
	OR end give nearest town) (In this piece)	TOWN P	
	X PRINCE YES	il Right and	<u> </u>
	HOSPITAL OR INSTITUTION OR	STREET (If rurel give location)	-11
	STREET ADDRESS / / / / / de (a) O- Annaholo Ad-	14.11 Std. 6 O. Innobs. 3	DIA.
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
	(Type or Print)	Bon ton DEATH fol	7 51
		100 m/6 1 1 000	1926
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	PF BIRTH 9. AGE lest birthdey IF UNDER Months	Days Hours Min.
	19/4 White Specify/farried Ada.	27 1872 83 Yrs.	Days Hours Mill.
	10e. USUAL OCCUPAT ON (Give kind of work 10b. KIND OF BUSINESS	11/ BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
. ,	done during most of working life, even if OR INDUSTRY	d 1 10 1111	COUNTRY
1	1 2 1000 (C77) - 1.	1.21-101-8 (0)1111.	1-2-11
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Leonard Benton	Martino Knight	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	, 527 /Tand 1
	(Yes, no, or unk.) (Il Yes, give wer or detes of service)	14 resiling 14 11 kill	1341, 25 MA
	18, MEDICAL CEN	TELEVISION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	THE CATION	ONSET AND DEATH
	1211 1 (Conalesti	of Heart tailure	10 1, Es.
	IMMEDIATE CAUSE (A)		1/
	ANTECEDENT CAUSE(S) DUE TO		0
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		
	STATING UNDERLYING CAUSE LAST. DUE TO		
	11 OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
	24. ACCIDENT WAS UNDSPINING TO 1 25 BLASS (Mary San Arthur	21c. WHERE DID INJURY OCCUR? (City or town) (Count	
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	THE WHERE DID INSORT OCCORT (City or town)	At foreigh
		211. HOW DID INJURY OCCUR?	
	M. et work et work		
	as thereby with the lowest to describe the first	10.5% in 1 1/ 5/ 10 5 % while	last same the decreed
	22. I hereby certify that I attended the deceased from July.		
	alive on		above,
10M	SIGNATURE "	ADDRESS (Street, city, town, stete)	DATE SIGNED
1-55	18.11:11/C Lally held M.D. 1	AFUL DU 372 Taladeua III	d. L.66 8. 1956
-	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
A15C	REMOVAL (SPECIFY)	1. 16 Pk 11 de.	111
VS A	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
>	Taluland Panall	10 -Ali ni	1 11/
	DATE F-86-11, 1936 L. V. D-alla	1/1. 1000. 12km. (0/8m)	Just 216 /14

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7. hours after leath. After this certificate has been executed by the attending physician and completely filted in by the funeral director, the third comp of this death certificate assembly should be detached for as a furial transit function.

The bottom copy may be retained by the hospital or attending physician.

WI A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1338 CERTIFICATE OF DEATH

01282

			2	to l	
Reg.	Dist.	No.	.K	7	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	and the state of the same of the state of th
COUNTY TARASE (ASSELLABLE MARYLAND	STATE, The Years COUNTY of the The real
CITY (If outside corporate limits, write RURAL ; LENGTH OF STAY (in this place)	CITY (If outside corporete limits, write RURAL and give neerest town) OR
* TOWN Steel Busine	TOWN International Control of the Co
HOSPITAL OR	STREET (# rural give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS 100 T - rtl 750,) 2	100 1050 406.) J.E
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) ANNIA LOWISE BROK	1 WELL DEATH EB / 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HF
RACE (WIDOWED, DIVORCED, Specify)	16V.871 77 yrs. Months Deys Hours Min
10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	18. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
1.6. 5. W FR (1) GOSZ 1122	11.1.10 2. 3 1 1 1891 m. 1 61-1-4-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Exercit	Land of a san Di mite
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give wer or dates of service)	11/
140 - 10006	1. 1/20 2 4 1/2 / do at - 17 1 100 113
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
\mathcal{D}_{-}	שואנו אווע ענווו
IMMEDIATE CAUSE (A) CARDIAC LE	COMPIENSATION 6-GROW
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) HYDERTERSIVE (AR	DIO-VASCULAR VISEASE
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 YES NO
21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, ferm, fectory, 2	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
216. ACCIDENT WAS UNDERLYING [] 216 PLACE (Home, ferm, fectory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	IC. WHERE DID INJURY OCCUR? (City of fown) (County; [318-8]
	211. HOW DID INJURY OCCUR?
M. at work at work	
	ent of the same of
22. I hereby certify that I attended the deceased from	, 19.3, to
alive on 1/3/ 1956 and that death occurred at	7. AM. from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, lown, state) / DATE SIGNE
Buther & Course	Color Marine Gill 3/1/2
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	COCATION (City, rown, or equity)
Bearles Feel 4/50 Fordon	TOPE Date mais
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Joly 10ct of Alail	1-1-12/1 2 2
DATE 3 24 1.1936 A. IN CLUB	11 / Sent Clara . M. 7 1800 1.3

gy . The

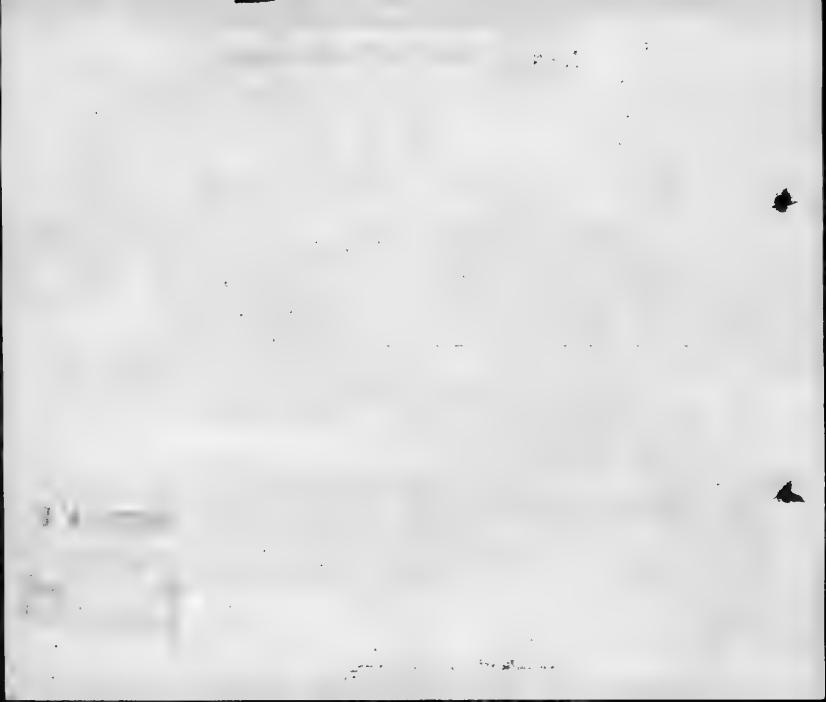
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CERTIFICATE OF DEATH 1339

Reg. Dist. No. .. 21

I. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEASED	
COUNTY Anne Arundel	MARYLAND	STATE Maryland	COUNTY Anne	Arundel
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		limits, write RURAL end give neare	
OR end give neerest lown) TOWN Rive	(in this place)	TOWN Riva		¥
HOSPITAL OR	1	STREET	(If rural give location)	
INSTITUTION OR STREET ADDRESS		ADDRESS		
3. NAME OF (First) DECEASED	(Middle)	(Lost)	4. DATE (Month) OF	(Day) (Year)
(Type or Print) RANDALL	Α	BUTLER	DEATHFEBRUARY	4 19 56
5. SEX 6. COLOR OR 7. SINGLE, MA	ARRIED, 8. DATE C	OF BIRTH 9.	A GE lest birthdey IF UNDER 1	
Male White (Specify)Ma	rried April	5. 1874	RT yrs. Months	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if	K ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stelle or foreign of	ountry) 12.	CITIZEN OF WHAT
retired)	farm	Davidsonville	. Maryland US	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
IN 174 om Dort 1 om		Tennette A	Stanlings	
William Butler 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO.	Jennette A.	ESS TITLES	
(Yes, no, or unk.) (If Yes, give wer or detes of service)				// ^
			tler- Wife- same	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA				ONSET AND DEATH
	3. Dec mon las wel	In cardova u	San descaro	Sum.
IMMEDIATE CAUSE (A)	MANUEL DICOLON	The state of the s		0-/
ANTECEDENT CAUSE(S) DUE TO	i la	n nest error		
		Tronger In		
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDIN	GS OF OPERATION			20. AUTOPSY?
				YES NO 🔀
	lome, farm, fectory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (County	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?		
	While Not while st work start			
22. I hereby certify that I attended the de	ceased from.	, 19.59 to Deb	4, 19. 5.k, that I 1	ast saw the deceased
alive on 24 2 19 57 2	and that death occurred a	1 9 % M. from the caus	es and on the date stated	above.
SIGNATURE			S (Street, city, town, stete)	DATE SIGNED
S Brown	ola M.D.	auny ol	i mu	216152
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	OCATION (City, lown, or county)	(Steta)
Burial Feb. 7, 50	6 Cedar Hill (Cemetery A	nne Arundel Cour	ntar Ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATI	JRE O	25. FUNERAL DIRECTOR'S SIGN	AJURE A	DDRESS
2 - 5-56 Cal was	Nonlleuson	HERPTHENEUM	ANNAPO	TTC \m
DATE of the the	1 CECCOTO I		// / / / MINAPU	ULIS MD

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYNICIAMYOR HOSPITAL: The law requires that the death certificate to executed within 24 hours, after death. The bottom copy may be retained by the hospital or attending physician.



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1		1304 CERTIFICATE OF DEATH Reg. Dist. No. 2
Page 4 director, ited with	1	PLACE OF DEATH O. COUNTY O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O. STATE O. COUNTY O
death.		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give pearest town)
by the fu		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION
24 had in led in is I am	3	NAME OF DECEASED (Type or print) FILSILIAR + H C BURT DEATH 2 90 1956
Poge	5	SEN 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manihs Days Haurs Min.
executed id campl in papers death,	/	OD. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY?
ote be corbo		3. FATHER'S NAME (Inbustion) 14. MOTHER'S MAIDEN NAME MUSICAL NAME
certifical ng physic remave 72 hours	作	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT YOU AND OF UNKNOWN) If (II you give war or do do so of service) LOITH B. BURT BURUSIDE St. ##2
death ittendi please within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quil my orandial factors (a)
at the a Then event		Hara. Due to
ed by		Conditions, if any, which gave rise to immediate DUE TO
on. The sign sit be and in		lying couse last (c) disease
he law physici has been rial-tran maval, o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: 1 ending ficate ficate the bu		200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)
ol his certification,	0.00	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. While Not work of work o
hospit After After ied for		21. I certify that I attended the deceased from 1950, to 3-6-20 , 1956, that I last saw the deceased
TTEN TOR: Jetoch		alive on 30, 1956, and that death accurred at 4.7PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) 2/2/20 DATE SIGNED
OR A ned by HRECT orior 1		SIGNATURE 3 Borns uch M.D. Consor Guner Ben (2013)
reloin RAL E shaul		PHYSICIAN'S S'BORSSULK auguste Ned
moy be o FUNE poge 3	2	22 BUR AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CE
VS A15 (4) 15M 9/55		ADDRESS AUNAPOLIS, MD. DATE 243. REGISTRAR'S SIGNATURE DATE 240. REGISTRAR'S SIGNATURE DATE 240. PEGISTRAR'S SIGNATURE
	U	

96.7 +

this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After by of 1340 CERTIFICATE OF DEATH Reg. Dist. No. 丰 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASER hours afte COUNTY MARYLAND STATE COUNTY within 72 hour director, (if dutside consorate limits, write RURA) LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) OR and give settiest Jown) (In this place) OR TOWN TOWN HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** within STREET ADDRESS NAME OF (Middle) (Last) (Month) DATE (Dey) (Year) DECEASED registrar by the fe OF (Type or Print) DEATH certificate COLOR OR SINGLE, MARRIED, AGE last birthday IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED Months Deys Hours (Specify) 후면 yrs, 10e. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS BIRTHPLACE (State or foreign country) 10Ъ. CITIZEN OF WHAT with filled OR INDUSTRY done during most of working life, even if COUNTRY? completely fille 13. FATHERS NAM filed MOTHER'S MAIDEN NAME physician, EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS certificate (# Yes, give wer or dates of service) (Yes. no. or unk.) burial pue 18. MEDICAL CERTIFICATION INTERVAL BETWEEN attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSEISI DISEASES OR CONDITIONS, IF ANY, HOSPITAL detached for GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. that DUE TO requires the atten 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH þ 9 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? ** कु YES NO peen executed to assembly should 21e. ACCIDENT WAS UNDERLYING The 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) **DIRECTOR:** (Month) (Dey) 21d. TIME OF INJURY 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? (Year) (Hourl While Not while at work et work 19.5.6... that I last saw the deceased certificate has be death certificate a SIGNATURE ADDRESS (Street, city, town, stete) CREMATION (SPECIFY) NAME OF CEMETERY OR CREMATOR 23. BURIAL. LOCATION (City, town, or county) (Stete

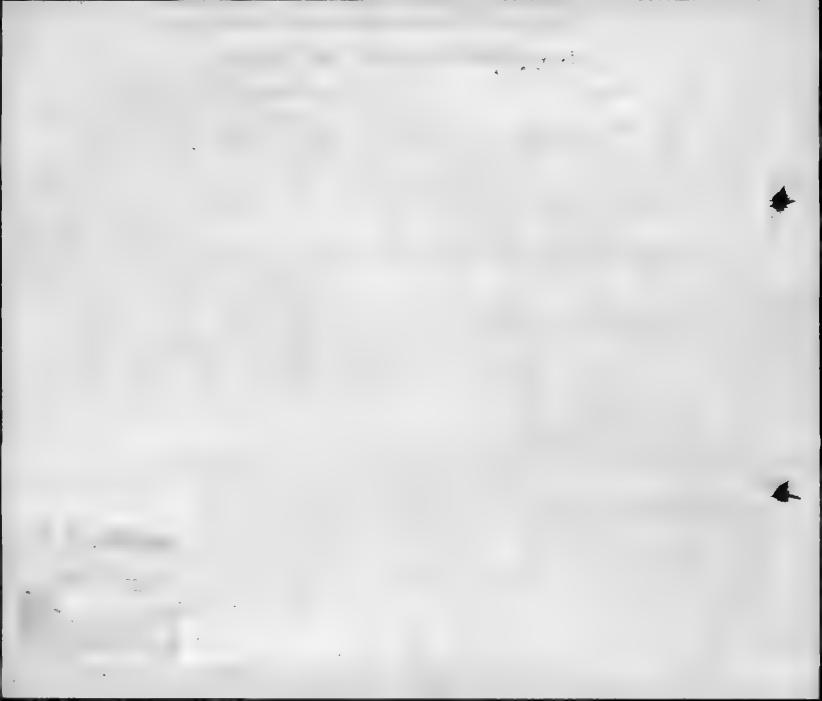
REC'D BY REGISTRAR

REMOY.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1395 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY COUNTY MARYLAND b CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUSAC and give necrest town) d NAME OF HOSPITAL OF not in hospital, e. IS RESIDENCE masolis, 1 YES NO NAME OF 4. DATE OF DEATH Middle Yeor Month DECEASED (Type or print) 19.56 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years out birthday) Months Days DIVORCED USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or 12 CITIZEN OF WHAT COUNTRY? during most of working life, eyenin retired) ousewe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S-ARMED FORCES? CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which ? gave rise to immediate **DUE TO** casse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (State) Hour o.m. factory, street, office bldg., etc.) While Nat white at work of work p. m. 21. I certify that I attended the deceased from 6. 19.....that I last saw the deceased and that death occurred at 3 A. M. from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) MOVAL (Specy) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATUR .24g. REC'D BY REGISTRAR ISM 9/55

T'A CUILING

S AAM

CERTIFICATE OF DEATH 1396

M	ARYLAND ST	ATE DEPARTM	ENT OF HEALTH-BALTIM	DRE, 18
13'	6 CER	TIFICAT	E OF DEATH	01287 Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME	OF DECEASED
COUNTY CITY (If outside corporate limits, OR and give sparest town)		LENGTH OF STAY	CITY (If outside corporate limits, writ	e RURAL and give nearest town)
1: TOWN (131nes	PALLI	(in this place)	OR TOWN Samal	ertia.
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED (Type or Print)	TER S	Middle)	(Last) 4. DAT	TH 10- 3
5. SEX 6. COLOR OR PACE!	7. SINGLE, MARRIE WIDOWED, DIV (Specify)	D, B. DATE	OF BIRTH 19 19. AGE lest b	irthdey IF UNDER 1 YEAR IF UNDER 24 Months Days Hours A
100 USUAL OCCUPATION (Give king Side during most of working life cretified UNIO)	of work 10b. KINI evan if OR	D OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	09.3	O. J Chewaterny	14. MOTHER'S MAIDEN NAME	. 1/200
13. FATTER'S NAME 15. WAS DECEASED EVER IN U. S. (Yas no, or link.) (If Yas, give wer	Leveny	ier V	Clara Jone	wer
15. WAS DECEASED EVER IN U. S (Yas no, or unk.) (If Yas, giva war	ARMED FORCES? (16 or detas of sarvice)	SOCIAL SECURITY NO.	INFORMANT & ADDRESS	Clevenyer
I DISEASES OR CONDITIONS DIREC	TLY LEADING TO DEATH	18. MEDICAL C	ERTIFICATION	INTERVAL BETWEE
4 - MMEDIATE CAUSE	(A)	erebral	Munoubage	_ / da
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE LA:	SÉ DUE TO	teriode	notic Heart Hh	ine I go!
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING	DEATH.			
190. DATE OF OPERATION	19b. MAJOR FINDINGS	OF OPERATION		20. AUTOPSY
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	R)	ffica bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or to	wn] (County) (State)
21d. TIME OF INJURY [Month] {De	y) (Yaar) (Hour) 21a. While M. et wo		2H. HOW DID INJURY OCCUR?	
22. I hereby certify that	I attended the decea	sed from 2 - 1	7-2/10-2-10-2-18-	19.5. 6., that I last saw the dece
signature	4.19.5.5 and	that death occurred	at	on the date stated above. Openity, lown, selection DATE SIGN
a min a	Martin	M.D.	Twagot	1 Trad 3/187
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	2 17 LG	NAME OF CEMETERY	K CREMATORY () OCTION	(City, tolin, of county)/ Sig
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	7 -0	25) FUNERAL DIRECTOR'S EIGHATURE	Sons (ADRESS BUCE
DATE - J RUT. 201936	111 - 11.1	Inmel	1/	7 . 32.1

after death.

executed within 24 hours

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician.

874 177 m. C 117

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1341 CERTIFICATE OF DEATH

01288

Reg. Dist. No. 28 2

I PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED
COUNTY Anne Arundel	MARTLEND	STATE Mary la:	nd county	Anne Arundel
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		orate limits, write RURAL	and give negrest town)
OR and give naerest town) TOWN Crownsville	(in this place)	OR TOWN		
HOSPITAL OR		STREET	unsville	to the state of th
INSTITUTION OR old Annapolis Rd.		ADDRESS	(it rure) gi	ve (ocetion)
		01d /	Annapolis Ro	
3. (First)	(Middle)	(Lest)	4. DATE (Mo	oth) (Day) (Year)
(Type or Print) LEONARD	W	COALE	DEATH TOT	EBRUARY 8 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARR	RIED. 8. DATE		9. AGE last birthday	CBRUARY 8 19 56 I IF UNDER 1 YEAR HE UNDER 24 HRS
RACE WIDOWED, DI	VORCED,		, , , , , , , , , , , , , , , , , , ,	Months Days Hours Min.
Male White Specification			87 yrs.	
done during most of working life, avan if	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (Stelle or fore	nign country)	12. CITIZEN OF WHAT
netheral To a new man	n Farm	Anne Arunde	County M	Id. MSA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	act DDA
Unknown		** *		
	6. SOCIAL SECURITY NO.	Unknows		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	o. social seconiii pro,	IV, HAPORMAIN &	AUDRESS	
	none	Robert Cos	le- Son s	ame 25 # 2.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE			INTERVAL BETWEEN
	1 .	A 1	1 0	ONSET AND DEATH
443 MANEDIATE CAUSE (A) Hup	ortensivo	Candio-Vac	20132 1.90	ASE PLEVALS
ANTECEDENT CAUSE(S) DUE TO //			'	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO
218. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,		21c. WHERE DID INJURY OCCU	R? (City or lown)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e	. INJURY OCCURRED	21f. HOW DID INJURY OCCU	2D 3	
Wh		211. HOW DID INJUST OCCU	JK f	
22. I hereby certify that I attended the dece	ased from Oct	19.46 to F	e68 195	a., that I last saw the deceased
		the from the		data and dist
SIGNATURE	/	ADD	RESS (Street, city, tow	unic stated above, vn, state) DATE SIGNED
Edmand 9 Olymont	1	(21 mil	2. 1/2 1/2	/ DATE BIGNED
23. BURIAL, CREMATION, / DATE THEREOF	M.D.			2-9-5%
eBurial 2-11-56			LOCATION (City, tow	n, or county) (Stele)
24. REC'D BY REGISTRAR/Z REGISTRAR'S SIGNATURE	Inlicrest Me	morial Cemet	Annapolis	. Md.
LEGISTRAN'S SIGNATURE		25. FUNERAL DIRECTOR'S	17/11.	ADDRESS
DATE 2-11-56 6 11 11		KOPPING FUNER	AL-HOME AND	MAPOLIS, MD.
2.			11 11	

TO A AVAMIL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01289

1342

CERTIFICATE OF DEATH

Reg. Dist. No. 27

	1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
	county Anne Arundel MARYLAND	STATE Kentucker COUNTY Hand	l d an		
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and give neerest fown)			
	OR and give nearest town) (in this place)	OR TOWN			
	Fort G.G. Meade, Md. 5 Months	Cecilia			
	HOSPITAL OR INSTITUTION OR	STREET (If rure) give location) ADDRESS			
	STREET ADDRESS U. S. Army Fospital	Route #2 Box 90			
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)		
	(Type of Print) SHARON KAY	CONNER DEATH Februa	rv 13 19 56		
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF				
	RACE WIDOWED, DIVORCED, [Specify] single O Fb.	Months	Days Hours Min.		
	remaie militie Single 9 Fer	bruary 1956 ym.	4 1		
	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Slete or foreign country) 12,	CITIZEN OF WHAT		
7	retired) None	Maryland	USA		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Delmar Ried Conner				
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Sarah Elizabeth Basham			
	(Yes, no, or unk.) (If Yes, give wer or dates of service)	Wether B I Ber 2 Fringie	d Tro		
	None Mother: R 1 Box 2, Fairfie				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
	bearing to bearing of the common of the comm	A Days			
	IMMEDIATE CAUSE (A) Prematurity	(40 weeks) 5;	9007		
	ANTECEDENT CAUSE(S)				
	DISEASES OR CONDITIONS, IF ANY, (B)				
	STATING UNDERLYING CAUSE LAST. DUE TO				
	(C) LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	19e, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		2DAUTOPSY?		
	12		YES A NO		
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, 2	Pic. WHERE DID INJURY OCCUR? (City or town) (Count	y) tState)		
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)				
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?				
	M. at work at work				
,	22 I handby contifue that I attended the deceased from 10 to 10 that I have at the 1				
	22. I hereby certify that I attended the deceased from				
	alive on 13 Teb, 19.56, and that death occurred at 105 AM, from the causes and on the date stated above.				
10 M	signature Said H. Tarabishy Address (Street, city, town, stete) DATE SIGNED				
55	M.D. Fort G. G. Meade, Md. 13 Nov 55				
A15C 1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Stata)		
A.15	Burial 7-14-56 7 /	Wirginia, Timbe	nnidae		
V5 /	Burial 24. REC'D BY REGISTRAR RECISSRATS, SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
	DATE 13 Feb 56 WILLIAM L. SAYLOR, IST LT	MSC			
	The second secon				

BUREAU V. S.

OS AISOSO.

MARYLAND STATE DEPARTMENT OF HEALTH

01290

1343

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH COUNTY	2. USUAL RESTRENCE (HO	OME) OF DECEASED.	ITY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this place)	CITY (If outside corporate OR TOWN Vac	elimits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If stral, give location)	
3. NAME OF DECEASED (First) Wilkeam Edward	Date	4. DATE (Month) OF DEATH 2	(Day) (Year)
Male Wille 7. SINGLE, MARIGED, WINDYED, DINGRED,	Hay 25- 1803	AGE last birthday If und Mont	bs Days Hours Min.
10a. USUIAL OCCUPATION (Give kind of work 10b. Kind Businmas DR done then most of working life, even retired) INDUSTRY	Miss Field	oreign country)	CITIZEN OF WRAT
Willedne E. Date	Canes / 10		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no. or unbeyon) + 11 yes, sive war or dates of	Douglas G. Dal	4 4 /// /	Jarreca J. J.
IS. MEDICAL CE L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONDET AND DEATE
Immediate cause (a) Carchon M	modele	on havenannen on his drawer institution	Sudded
Antecedent cause(s) Diseases nr conditions, it any, giving rise to the above cause stating the underlying cause last		tentral titler on the description that are a communication for the	
6) 81. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.		· · · · · · · · · · · · · · · · · · ·	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY1
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF office ldg., etc. CAUSE OF DEATH.	(CITY OR TO	OWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY A Month of Man work at work	HOW AND INJURY OFC	e Connectel	to Eshoush
22. I certify that I took tharpe of the remains described above, held an Autopsy, Inspection, Inquiry thereon and from the evid obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion restrom: ratural courses \ agricular courses \ agricular suicide \ \ homicide \ \ nomicide \ \ nomicide \ \ nomicide \ \ nomicide \ \ \ nomicide \ \ \ nomicide \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ny opinion resulted
SIGNATURE (Degree or title)	Advites &	herred	VIZIS O
	ERY OR CREMATORY LC	OGATION (City, tompnor ed	Co. State)
DATE REC'D BY LOCAL RECISTRANT-SIGNATURE REG. 3 1956	FUNERAL DIRECTOR		ADDRESS
110	7		1 and

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INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1398 CERTIFICATE OF DEATH

01292

	Keg. Dist. No			
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
	COUNTY ANNE ARUNDEL MARYLAND	STATE Murieland COUNTY		
	CITY (If outs'de corporata iimits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits) write RURAL and give neerest town) OR		
	TOWN A CORRESPOND	TOWN churchton Rugel		
	HOSPITAL OR INSTITUTION OR STREET ADDRESS ANNA POLIS (TENERAL TOSPITAL	STREET Broadwater_		
	3. NAME OF DECEASED (First) SUSIE MAVDE DONA (Midde)	1031 SON 4. DATE (Month) (Dey) (Yeer) OF DEATH Z (58:		
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, (Specify) MARIET GLASS GLAS	Wall 5 Draw 100		
1		11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washington 10.		
	13. FATHER'S NAME	14. MOTHER'S WAIDEN NAME		
	Hoover	immour-		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
)	(Yas, no, or unk.) (If Yes, giva wer or dates of service)	- Horry & Honaldson med		
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
	: 71X IMMEDIATE CAUSE IN Bronchopneumorus 12the			
ANTECEDENT CAUSE(S) DUE TO				
	DISEASES OR CONDITIONS, IF ANY, (B) GIVENG RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO R			
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arling relieves in, Gelley alived upon.			
	198. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	21e. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, form, fectory, 2)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street; office, bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 12 While Not while all work 1 of work	2M. HOW DID INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from 2/6/	, 19.5 t., 10 2 /6 /, 19.5 c., that I last saw the deceased		
alive on 19 5 and that death occurred all A M, from the causes and on the date stated				
2	BIGNATURE 1	ADDRESS (Street, city, town, steley DATE SIGNED		
3	Transpy Startley M.D. C.	amapala, Mul 2/6/56		
7	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stefe)		
č	24. REC'D BY REGISTRAR REGISTRANTS SIGNATURE	1 25, FUNERAL DIRECTORY SIGNATURE ADDRESS ADDRESS		
	DATE Way French	111 MC Bunchers Co Washington D.C.		
	White Million Juliceroung	1. 11 Started to the life and the started to		



NAME OF CEMETERY-OR CREMATORY

Loudon Park Com.

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS (Street, city, town, state)

LOCATION (City, town, or county)

ADDRESS

been

has

certificate death cel

certificate

A15C

22. I hereby certify that I attended the deceased from

18/56

alive on de fallen

SIGNATURE

23. BURIAL, CREMATION,

Buria]

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

act to

MARYLAND

LENGTH OF STAY

Wichester Rd

Few seconds

DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland COUNTY STATE

CITY (If outside corporate limits write RURAL and give nearest town) TOWN P.O. Annapolis

STREET (If rural, give iocation) ADDRESSWinchester on the Severn

(Middie) (Last) 4. DATE (Month) (Day) (Year) February Goodale DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ingle 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Days 5/22/44 10s. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR work done during most of work life, | INDUSTRY: 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WIJAT U.S.A. even if retired): Punil in el mentary school Fast Crange N.J.

14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME:

Winifred Bryant Arthur W. Goodale 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of

work (

service) Arthur W. Goodale (father)

INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Sudden Crushed skull Immediate cause (a)..... DHE TO Antecedent cause(s) Sudden (b) Fractures of both shoulders Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last

18. MEDICAL CERTIFICATION

IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes | No | (County) (State)

21a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, 2Ic. (City or town) ROLLERY streets office bldz etc., Arnold Anne Anne Arundel 21f. HOW DID INJURY OCCUR! 21d. TIME (Month) (Day) (Year) (Hour) | 21e, INJURY OCCURRED

Not while

at work

INJURY 2 /12/56 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [K Inquiry A, and find that death resulted from: Natural causes []. Accident [], Suicide [], Homicide [], Undetermined cause []. SIGNATURE DATE SIGNED

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) REMOVAL (Specify) : Burisl Noughright Cemetery

DATE REC'D BY LOCAL

24. FUNERAL DIDECTOR Annapolis.

Collision with a milk truck

WRITE I PLEASE

carefully. The correct and legibly.

f information death clearly

ly every item of the causes of d

Supply write

UNFADING Physicians:

E PLAINLY, WITH especially important.

FOR

RESERVED

DEIAN DEC

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01296

1311 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF	DECEASED
county Anne Arundel MARYLAND	STATE Maryland county	AA
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give nearest town) [In this piece)	CITY (if outside corporate limits, write RURAL OR	and give necrest town)
/O TOWN Rural	TOWN Rural	
HOSPITAL OR INSTITUTION OR	ADDRESS	give (ocation)
street Address U.S. Naval Hospital, annapolis, rd.		
3. NAME OF (First) (Middle)	(Lest) 4. DATE (M	
111011012	000000	ebruary 5 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, Specify Specify	F BIRTH 9. AGE less birthdey Tember 1955 yrs	Months Days Hours Min.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Adell Robert Lee Goodrum	Mazie Quick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	U.S. Naval Hos ital.	Annarclis.rld.
18. MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Pneumonia, inte	rstitial acute #763	
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE THE TO THE ABOVE CAUSE THE TO THE ABOVE CAUSE THE TO T		
STATING UNDERLYING CAUSE LAST, DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		2D. AUTOPSY?
		YES HO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.] [IF EITHER, NOTIFY MEDICAL EXAMINER]	tic. WHERE D.D INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Mol white et work et work	21f, HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-5-	1956 to 2-5- 19.5	6 that I last saw the deceased
aline on Λ^{2-5} , and that death occurred at	9:05 BM, from the causes and on the	
SIGNATURE V	ADDRESS (Street, city, to	own, state) DATE SIGNED
E.R. HETERS LCDR NC USN M.D. U	.S. Naval Hospital, Annap	olis, Md. 2-6-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, to	wn, or county) (State)
Buriel 257-560 65/2014	r Hill Imme	polia, mx
ZT. REC'D BY REGISTRAR REGISTEAR'S STENANTIRE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Feb. 7,1956 11 - 0,0 mick	William Keese, to	Ennagelis, ma
2051235372		/



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1345 CERTIFICATE OF DEATH

		the state of the s
		1)
Reg.	Diet.	No 201

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE ARUNDEL MARYLAND	STATE MD. COUNTY KENT
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RUZAL and give nearest town)
OR and give nearest town) TOWN RROOW! VAI DARY (in this place)	TOWN CT/// Pan/D
HOSPITAL OR	STILL FOND , my
STREET ADDRESS 132N, 2 ND AVE.	ADDRESS (If rure) give location)
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yesr)
(Type or Print) ALETHIA - GO	SMAN DEATH FEB. 28 10.56
5. SEX 6. COLOR OR 7. SINGER, MARRIED, 8. DATE OF	
FEMALE WHITE Specify WIDOW MAY	10 1864 91 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT
done during most of working life, even if retired) HOUSEWIFE HOME	MARY/AND /COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
JOHN CAMPBELL	ELLEN MURRAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	MALIDE BANNING BROOKLYN PK
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
A Service	ONSET AND DEATH
IMMEDIATE CAUSE (A)	ty 6m0.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
STATING UNDERLYING CAUSE LAST, DOE 10	
31 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216 ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, form, fectory, OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER]	1c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While Not white	RIF. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from A.P.F.)	1950 to Feb. 28 , 1956 , that I last saw the deceased
alive on Fs b. 27, 19.56, and that death occurred at.	
SIGNATURE	ADDRESS (Street, city, town, stete), DATE SIGNED
A Juncel of M.O. 4	609 Gov. Ketche Human Poulto 25 Ml 2-28-36
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City lown, or county) (State)
BURIAL MAR 3 1956 IT OF	METERY WARTON MD
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
2/29/16 83	111 1 - 15
	Victor M. Kennedy STILL POND, MD.

THE WALL STATE OF THE PARTY OF

, 2

MARYLAND STATE DEPARTMENT OF HEALTH

1346

2411 N. Charles Street, Baltimere

CEDTIFICATE OF DEATH

Item 11, Film	mG194 3-22-56 e	et IFIGAT	E OF DEAT	Reg. Dlst.	No
1. PLACE OF DEAT COUNTY	Anne Arundel	MARYLAND	2. USUAL RESIDENCE (I		Wicomico
CITY (If outside c OR give nearest TOWN	orporate limita, write RUR. town) Jessups		CITY (If outside corporation of the corporation of	ate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Maryland Hou	se of Correction	STREET ADDRESS 217 Ty	(If rural, give location ler Street)
3. NAME OF DECEASED (Type or Print)	(First) James	(Middle)	(Last) Grant	4. DATE (Month) OF DEATH Februar	(Day) (Year) y 28 1956
6. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9/16/1908	9. AGE last hirthday If un-	
Laborer most of v	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
15 Wan Drownson F	James Grant ver In U.S. Armed Forces		Annie N	ichols	
(Yes, no, or unknown)	(If yes, give war or dates (lacrvice)	of	17. INFORMANT AND	ADDRESS	
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
Immediat	e cause (a)(Cardiac failure		•	1 month
Diseases or giving rise t	o the above cause	ardia vascular hea	rt disease with	Nephritis	2 years
ntating the v	enderlying cause last (e) Pr	ılmonary Bilateral	Tuberculosis		3 years
Conditions contribu	CANT CONDITIONS uting to the death hut not see or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU		(CITY OR 7	'OWN) (COUN'	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
22. I hereby cert	ify that I attended the	deceased from 2/17	, 19.56., to2/28	, 1956, that I ias	t saw the deceased
alive op	4 P. 1.	d that death occurred at	ADDRESS	causes and on the date	stated above.
	B. Taylor, M.D.		arge. Jess	ups. Maryland.	2/28/56
REMOVAL (Spec	學) 3/1/50	Uni of 14d. 1		Saltinory Wed	unty) (State)
PATE REC'D BY	LOCAL REGISTRA S	1	24. FUNERAL DIRECTO		ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information mentully is mpecially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

The correct age

VS. A15

S A STYTHING

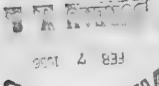
1312 CERTIFICATE OF DEATH

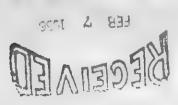
1312 CE	RTIFICAT	E OF DEATH	() 1 2 Reg. Dist. No 2
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME)	
COUNTY CL CL.	MARYLAND	STATE 121d co	UNTY A. C.
CITY (If outside corporete limits, write RURAL OR end give neeres! lown)	LENGTH OF STAY (In this place)	CITY (If outside corporate fimits, write RI	URAL and give neerest town)
TOWN (/makolis			294Rels
HOSPITAL OR INSTITUTION OR STREET ADDRESS Q. Q. Ge.	neral	STREET ADDRESS (H r	ural Arive location)
3. NAME OF DECEASED (First) (Type or Print) A DICHER 6	(Middle)	A. DATE OF DEATH	L
5 SEX 6. COLOR OR 7. SINGLE	MARRIED, 8. DATE	OF BIRTH 9. AGE lest birth	dey IF UNDER 1 YEAR IF
Mule White Profite	rried Re	14-1879 76	yrs. Months Days
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even ff	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN C
refired turner	inch	West Va	11/15
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
yumes free	n	Martha VI ou	ek
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.) (If Yes, give wer or deles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	(3)
		Hallie 10 12	een (
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CE	RTIFICATION	INTERVA ONSET
MANEDIATE CAUSE (A)	ulmora	y enfeller L	46. 10
ANTECEDENT CAUSE(S) DUE TO	Mer. 6 +125	to Lie	**
GIVING RISE TO THE ABOVE CAUSE	1) The free	and a	
STATING UNDERLYING CAUSE LAST. DUE TO	reumalez-l	leterorcherotic,	Leant De 3
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	astretie	+ authocosis	- 4
196. DATE OF OPERATION 196. MAJOR FIND	PINGS OF OPERATION		20. A
	(Home, Jerm, Jectory, Treet, office bldg., etc.)	21c, WHERE DID INJURY OCCUR? (City or lown)	(County)
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour)	21e. #NJURY OCCURRED While NoI white el work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the		19 77, to 77, 19	56 that I last saw th
	, and that death occurred :	. / 10	
SIGNATURE	14. 4 Can	ADDRESS (Street, c	
Trans MX	M.D.	morphler -	mel 2/8
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	MAME OF CEMETERY O	CREMATORY LOCATION (CI	ty, town, or county)
24, REC'D BY REGISTRAR REGISTRAR POINT	a Juling	usvecce N. Val Lah	mansville
E. In 6 1054 11	I Tource	25. FUNERAL DIRECTOR'S SIGNATURE	Sons (Inna)
DATE 20, 0, 1706 ==	0,0100	Mary 14 and	, comment

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

certificate be executed within 24 hours after death.

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1347 MARYLAND STATE DEPARTMENT OF HEALTH

01299

ttem 18 Film G193 3-13-56 amcCERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

₹P	-	Page	V	b

L	D		10	tt minimorani	ZZZEZ TERTTENIO	neg. Dist. P	
ld leg	1.	NAME OF DECEASED Type or Print)	B. HA	UPT		2. DATE OF DEATH 2-23	-56
EN.	3.	. PLACE OF DEATH 3 O.	I Can	atom Station	A USUAL RESIDENCE (W	here deceased lived, If it	
rly rly		Baltimore City, Maryland FULL NAME OF (If not in hospital or	On	on, give street address or	A STATE	B. COUNTY	before admission)
lea lea	H	OSPITAL OR	. Innereggi	location)		outside corporate limits	write RITRAL and give
BALL FOINT PEN. f death clearly and	1 16	NSTITUTION anna 1 127 4		7	Baltimore		township)
lea				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
DA cof		Length of stav in Baltimore		Days	201 Tuscany I	Road Conden A	ts.
NOT USE A	5	Male White	SINGLE WIDOW, Marri	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years 1	onder I Year Il binder 24 Hours the Days Hours Min.
Cal	10	DA. USUAL OCCUPATION (Give kind of 10 k done during most of working life, even if retired)	B, KIND	OF BUSINESS OR	11 BIRTHPLACE (State or fo	reign country:	12 CITIZEN OF
the	1	Lawyer	U.S.	Govt. INDUSTRY	Md.		WHAT COUNTRY?
	13	3. FATHER S NAME			14 MOTHER'S MAIDEN NA	ME	
Ti T		Alfred Haupt			Eleonora Bou	csein	
ACK INK-DO please write	15	WAS DECEASED EVER IN U. S. ARMED FO	RCES? I	16. SOCIAL	17. INFORMANT		
SLUE-BLACK INK-DO Sicians: please write)Ye	yes World War No.	ervice)	SECURITY NO.			DRESS
AC.	-		Τ	HOHE	Mrs. Emma J. Hay	upc - Garden .	apus.
		18.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
k stur-bl. hysicians:		DISEASE OR CONDITION DIR LEADING TO DEATH		O1 :			
Sic		(This does not mean the mode of dy heart failure, asthenia, etc. It means the	ring, e. g.	(A) CLUSIA	ng injuries of hea	ad, chest and	1 (77771) (34(34)) 16 3 40 40
OR Phy		injury or complication which cause	d death.) XGGENER abdom	en with traumatic	evisceration	
×		ANTECEDENT CAUSES		01 ab.	dorinal contents :	and ortin.	
snr BLACK supplied.	z			(8)	* * *** *** **************************	-1/1	
H C	NOIL	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	IY, GIVING TING THI	B DUE TO	* ,		
refully sup	8	UNDERLYING CONDITION LAST.		(C)			
carefully	TIF	OTHER SIGNIFICANT CONDITION	NS CON-				** 7
re	띪	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED				
_ 0	0	IF OPERATION WAS RELATED TO 194.			B. CONDITION FOR WHICH	H OPERATION	Po. wiroksy?
informs be c	귀	CAUSE OF DEATH, ENTER IN		. W	AS PERFORMED		YES Y NO
1 1	.	22 I certify that I took charge of	of the r	emains described a	bove, held an Autonsy K	. Inspection [] . In	
i G		found that death resulted from:	Nati	ural causes 🖂 , 🛚 A	Accident & , Suicide	, Homicide [] ,	UnJetermined
		manner [],		•			
of		23A. SIGNATURE	~ d .		238 CHIEF MEDICAL F.		DATE SIGNED
item		Willa Morth	978_	M.	D. MEDICAL INVESTIGATO	or , 🗒[∠**.	24-55
#		A. BURIAL CREMA- 248 MATE DN, REMOVAL (Specify)	24	4C. NAME OF CEMETER	RY OR CREMATORY 240. LO	CATION (City, town, or	county) (State)
Every		Burial 2/25/56		Loudon Park	Cem. Pol	to 1/2	
E	DA	TE RECEIVED BY REGISTRAR'S SIC	GNATUR		25 FUNERAL DIRECTOR	to., Md.	DDRESS
	-1 61	1 25 1956 RUI			Mars. Is rate	ued Vitu	4- Rally 17
	-				41 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7474	,



10

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate. The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

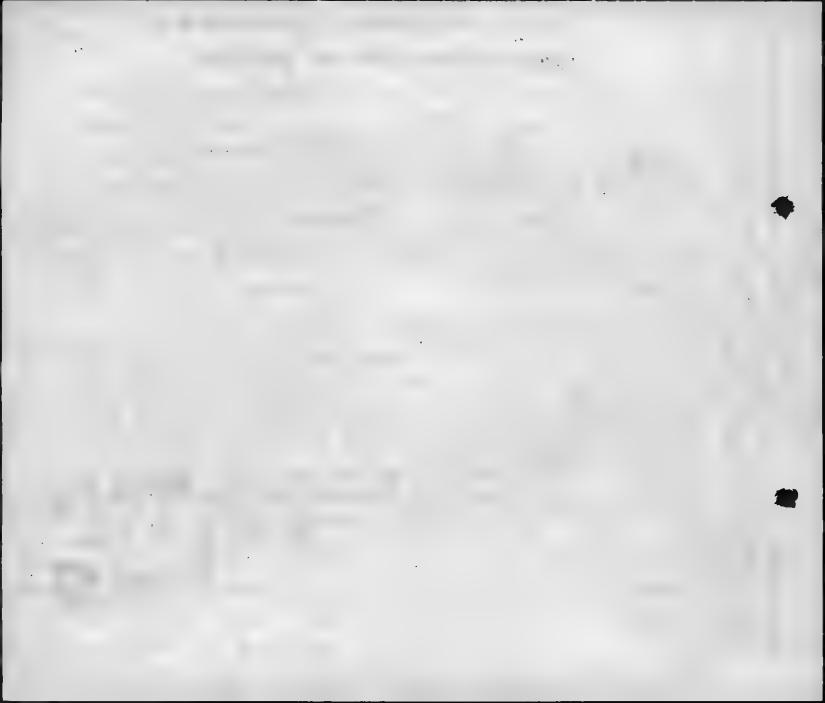
1348 CERTIFICATE OF DEATH

01300

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDE	ICE (HOME) OF DECEAS	ED
and have bound i		M.	4	1 00
COUNTY HNU ARRIVED	MARYLAND LENGTH OF STAY	STATE VIC.	COUNTY (1) corate limits, write RURAL and give	
CITY (If outs de corporete limits, write RURAL OR end give neerest town)	(in this place)	OR ~		remiest town)
Y TOWN		TOWN Pasa	do NO	
HOSPITAL OR SENROU	1 F-	STREET	(If rure) give localic	on)
INSTITUTION OR	1 10 11	ADDRESS 🐤	1- 1 600	
STREET ADDRESS; D. O. A. THUC AT	under ben. Har	1 0	IKCOG AVE	
	(iddis)	(Loss)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print)	1.	1. 1.	OF DEATH ')	5 51
2010)	1QUEEN	- CU	DER 1 YEAR THE UNDER 24 HRS.
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI RACE WIDOWED, DIVO		P BIKITU	9. A GE lest birthday IF UNI	
founds white (Specify) has	1-4 120,00	0-00	5 5 уль.	Deys Hours Man.
	OF BUSINESS	11. BIRTHPLACE (Stelle or forei	an country)	12. CITIZEN OF WHAT
done during most of working life, even if OR !	NDUSTRY	2 11 '	. //	COUNTRY?
retired & fortement Janker (t.) . 4 m	-13/12 A55C	13altin 6,003	16/11	4.5.8.
13. FATHER'S NAME		14. MOTHER'S MARKEN	NAME	,
(worker in) whereby		1 to wel I.	(i in	.)
		100000	2. 2. /. 2.0	21
Office and article 1 Off Very after over an eleter of constant	SOCIAL SECURITY NO.	17. MFORMANT &	ADDRESS	11
(Yes, no, or unk.) (Il Yes, give wes or detes of service)	full among the state of the	1- 7 14 1	1	. ! ! ! ! !
	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		,		ONSET AND DEATH
IMMEDIATE CAUSE (A)	hali	WONNE	war couls	55018 d 1. 02
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Daniel Contraction	T WIND WALL	AND STATE	7511 110116
ANTECEDENT CAUSE(S) DUE TO	Ton - my	1.0	+' > 50.30'	1112 4
DISEASES OR CONDITIONS, IF ANY, (B)	126 71501 . 25	CONOL AN	1.011 2019 1635	M I D DOWN
STATING UNDERLYING CAUSE LAST. DUE TO	1	7.	- L 1	1551
(a) () (d) + 1	16 CRIM 11916	R. CARTIE	anous IT Dis	6 12 0004 8
TO THE DEATH BUT NOT RELATED TO THE	. !]	1/2	1	T
DISEASE OF CONDITION CAUSING DEATH	· POS. T.	0		4
196. DATE OF OPERATION 195. MAJOR FINDINGS O	F ONRATION		A	20, AUTOPSY?
1-23-50 Old + Recent	iniver later	Ral menindens	Right Knee	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE [Home,		Ic. WHERE DID INJURY OCCU		ounty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	ice bidg., etc.)		. 1	.61M .02.
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e.	NUIDY OCCUPACE	211. HOW DID INJURY OCCU	ISARCHA, MIT	16,
NA/LIZA	Advisor S. Nov. A.			·
1-2-56 M. 1 st wor	et work	Self-accide	Wal IN IV. CIT	143 7501 AR
22. I hereby certify that I attended the decease	ad from day 2 2	19 15 to Fr	5 195 m that	I last saw the deceased
	•	`	,	Day 8 80 M
alive on 2.4.12.8, 19.5	mar dearn occurred at		rauses and on the date st RESS (Street, city, town, stele)	ared above
1	~ firm	ADD	REDD (Sirest, City, IOWII, Stele)	DATE OF THE
meden 1 wo 0.	OUL M.D. C	Thedral &	Dern STS. Avid	lipriis Md.
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, fown, or cou	enty) (State)
REMOVAL (SPECIFY)	El. 11.		66.1	1
1 11 11 1 1 0- 1/1906	1-10 n 1/20	57	1 1 1 7 /201	F -
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	./ /	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATES - 14 1950 / 1/201	French.	11/1/1/1	1. f > to 11 -	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The same of the sa	1000		Marie Control 100

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1349 CERTIFICATE OF DEATH

01301

Reg. Dist. No.

	PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	1
Ī	COUNTY HAVE HRUN de/ MARYLAND	STATE / HOLLAND COUNTY / NOV.	e Hrundo
	CITY (If outs de corporete limits, write RURAL LENGTH OF STAY	CITY (If outside conforete limits, write RURAL and give need	rest town}
	OR and give neerest tom UR nie (In this place)	TOWN (JON BURNIE	
	HOSPITAL OR	STREET (If rure) give location)	<u> </u>
	INSTITUTION OR 7 PM / / / / / / /	ADDRESS 9 00 00 000	- Blue del
	STREET ADDRESS of O8 HMVADGIS 13/10) VW	208 CEVIV APOIT	NOVU.N.Y
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)
	(Type or Print) GEORGE HRTHUR	Headley DEATH FEBRUA	19/61956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF	- 1 (2	
	MALE WhiTE (Specify) MARRIED LAS 57	= 9, 1875 80 yrs. Months	Days Hours M.n.
		11. BIR HPLACE State or foreign country) 12	CITIZEN OF WHAT
	done during most of working life, even if retired (DRDP LER SAME	Virginia.	COUNTRY? A.
ı	13. FATHERY NAME	14. MOTHER'S MAIDEN NAME	. 1
	Chilons Howley	MARTHA VAN LAN	DINGhAM
	15. WAS DECEMBED EVER IN U. S. ARMED FORCES Y 16. SOCIAL SECURITY NO.	O T INFORMANT & ADDRESS	ng Balockali
4	(Yes, for or this.) (If Yes, give wer or detes of service) 2/5-/2-14	87 Caroline E. Leaky	13/20.
	18. MEDICAL CER	TIFICATION/	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	ery V-rilone	ONSET AND DEATH
i	IMMEDIATE CAUSE (A)	0124 1-191/012e	of nours
	ANTECEDENT CAUSE(S) DUE TO	ed CARCINOMATESIS	1112
	DISEASES OR CONDITIONS, IF ANY, (B)	7	- 9
	STATING UNDERLYING CAUSE LAST. DUE TO PROSTATIC	CARCINORRA	54R.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	η	
,	19 DATE OF OPERATION 195 MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
J.		TATE	YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.	1c. WHERE DID INJURY OCCUR? (City or town) {Coun	ty) (Steta)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 2	21, HOW DID INJURY OCCUR?	
	While Not white at work	III. NOW DID NOOK!	
		10 50 5/11 51	
		1919.5.0, to 3/16, 19.5.6, that I	
	alive on		d above.
3	SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
2	Southichark MD.	Genissumi, Ind	2116/26
5	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	LOCATION (City, town, or county	(State)
2	Burial 2/20/56 Cedar Hill	Cemetery Baltimore 25.	AA Co. Md.
2	24. REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	The 20 10 of Their 1 Della	Thomas on the state of	363
	obselv. 20, 1956 Porche V. Medella	Dopping and Kirkley. Glen Ku	rnie. Md.

LEB (

MARYLAND STATE DEPARTMENT OF HEALTH

1359

2411 N. Charles Street, Baltimere

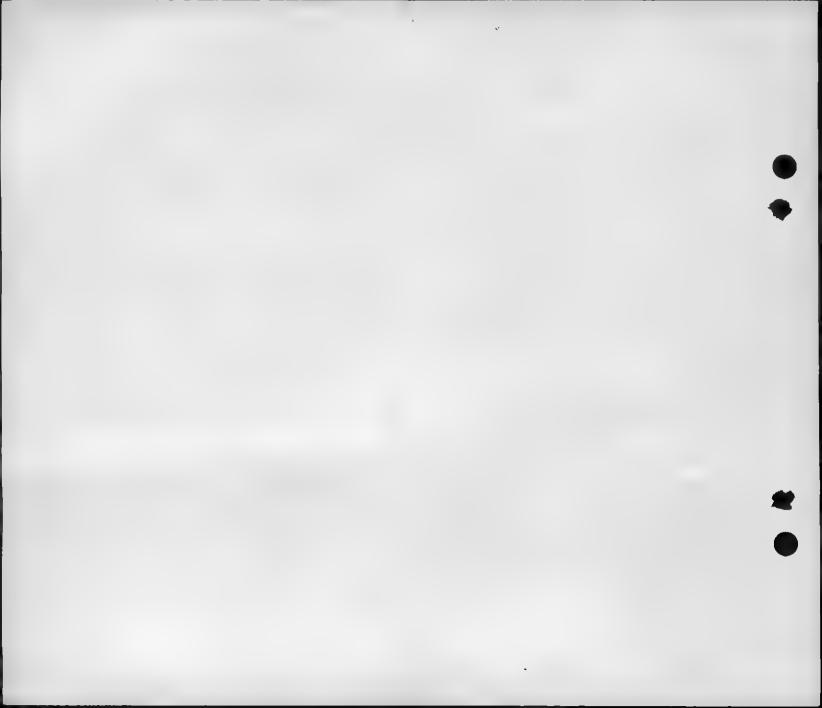
CERTIFICATE OF DEATH

Red Dist No.

		Total Maria	************
1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Anne Arundel	MARYLAND	STATE dary land county	
CITY (If outside corporate limits, write RUR		CITY (If outside corporate limits, write RURAL and give nearest to	wn)
TOWN Jessup. Md.	(in this place)	OR TOWN Baltimore	
HOSPITAL OR		STREET (If zural, give location)	-
INSTITUTION OR STREET ADDRESS		ADDRESS 406 Folsom St.	
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Emma	S. Her	zog OF 2/25/56	19
5. SEX 6. COLOR OR RACE V	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Speelly) VIQOVEQ	S. DATE OF BIRTH 9. AGE last hirthday If under year If under 3/17/70 85 yrs. Months Days Hor	nder 24 bra urs Min.
10a. USUAL OCCUPATION (Give kind of work		II. BIRTHPLACE (State or foreign country) 12. CITIZEN	OP WHAT
done during most of working life, even II retired)	10b. Kind or Business on Industry Home	Baltirore, Md. COUNTRY!	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John A. Meyers		Anna Snyder	
15. WAS DECEASED EVER IN U.S. ABMED FORCE (Yes, no, or unknown) (If yes, give war or dates	S? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
service)		Mrs. Emma Zalud Jessup, Md.	
	18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	INTERVAL	BETWEEN D DEATH
			DEATE
Immediate cause (a)	myrearall	morning 16	
1.4. 1.4			
Antecedent cause(s) Diseases or conditions, if any, (b)	myrearall	is - Sondreauli you	. 4
giving rise to the above cause	4	THE THE PROPERTY OF STANDARD PROPERTY OF STANDARD STANDAR	on off our a soun
stating the underlying cause last	Surandan A	anamia	
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing dea			
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION	PO. AUTO	OPSY1
		I Yes □	No 🖂
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR TOWN) (COUNTY) (STA	TE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m.	Work At work		
	. 1/.		
22. I hereby certify that I attended th	e deceased from	1956, to 725 , 1956, that I last saw the de	ceased
72 4 1057	-d about donah command of 9	930 K	
SIGNATURE	(Degree or title)	ADDRESS DATE S	e.
	Y 0 0 0	21	/
173 Hisnass	MX 314 6	molman Laure md . 1271	5%
23. BURIAL, CREMATION DATE THERE		ERY OR CREMATORY LOCATION (City, town, or county)	(State)
Burial 2/29/5	6 Baltimore	Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR ADDRE	SS
REG.		JOHN F. DENNY, INC. 715 Light S	t.

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDÍNG

VS. A15



Item 18 Film G193 3-13-56 amsCERTIFICATE OF DEATH

		FOR MEDICAL	EXAMINERS Reg. Dist. No.
leg.	- 1	NAME OF DECEASED	2. DATE
P	[1	Type or Print) EDGAR QUINTIN HOLLOWAY	OF DEATH 2-23-55
F-3	A	Baltimore City, Maryland or, P.R.R.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
1	11	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR / location)	
POINT PE	11	INSTITUTION and arundel County	Wilmington township)
ALL Po		Yrs.	D. STREET ADDRESS (If rural, give location)
	С	Length of stay in Baltimore Days	315 36th Street
40	5	SEX 6 COLOR OR RACE 7. S NGLE, MARRIED,	8 DATE OF BIRTH 9 AGE (In years) M Wader I Year M Under 24 Wors last birthday) Months: Days Hours: Min.
Causes	_	Male Thite MEASARD (Specify)	gan. 16, 1896 50
		DA USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR k done during most of working his, even if retired) INDUSTRY	IMBIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
NOT the	K.	onfuetor Penne RR RR	nel.
		3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
INK-DO		- Franklin Holloway	Emily Rily
e N	15	5. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL, m. no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT () ADDRESS Tilly all
er 23		SECORT I NO	This Margaret C. Holloway 316 9/ 36:41
RECOR 31.ACK s: ples		18. Y A CAUSE	OF DEATH
ns ns		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
ELUE.B Sicians		LEADING TO DEATH	Skull Fracture
33.68		heart failure, asthenia, etc. It means the disease,	and the state of t
OE I		injury or complication which caused death.) MOKIN	
×		ANTECEDENT CAUSES	Contusio: of brain
LA	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
OF TO		RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	San
NENT BLACK	Y.	(C)	
A NE	=		
	IIE:	OTHER SIGNIFICANT CONDITIONS CON-	
r PERMAN carefully	16	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
E H	U		98. CONDITION FOR WHICH OPERATION 20, AUTOPSY?
with be	AL	CAUSE OF DEATH, ENTER IN WART LOR PART II	VAS PERFORMED
E TYPE		22 I certify that I took charge of the remains described a	bove, held an Autopsy E, Inspection . Inquiry . and
E O			Accident II, Suicide I, Homicide I, Undetermined
W.4		manner [].	Particular
PLEA m of		23A SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
PL		11/11/1/2 1/ Lorent	D. MEDICAL INVESTIGATOR 2-21-56
116		4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
2		ON, REMOVAL (Specify)	al i to the
ve	17.34	ATE, RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
[-]	1	TIT, TITLE DI TEGISTINAN 9 SIGNATONE	LU. FUNERAL DIRECTOR / ADDRESS

a. H. Thedanche



(Yeer)

HE UNDER 24 HRS.

Hours

ONSET AND DEATH

20. AUTOPSY?

20 park shined

NO F

(Stele)

YES X

XO

DOA

COUNTRY?

USA

¢. 2 . 64. 10 -3 *

1313
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

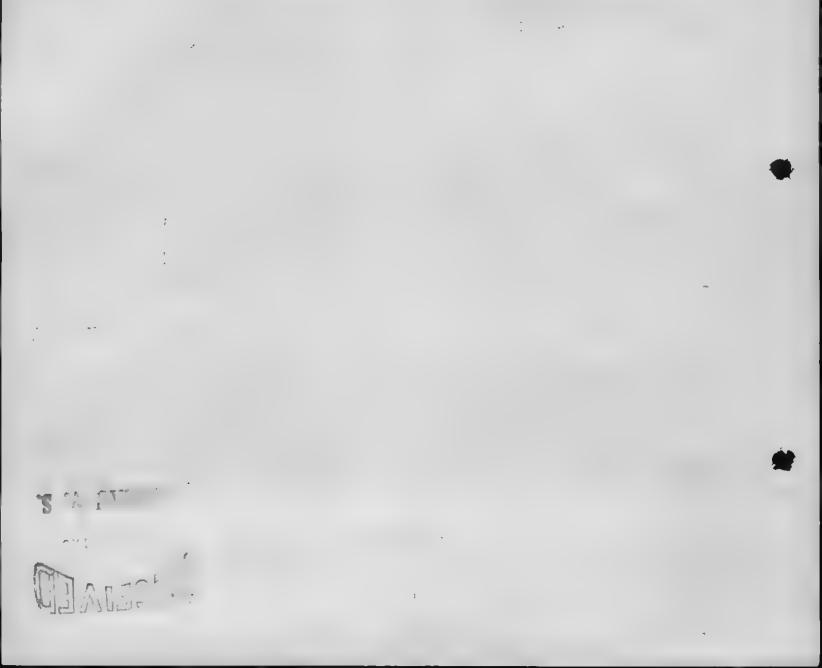
Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 2

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Anne Frundel MARYLAND	STATE Maryland COUNTY Anne Arundel
CITY (if outside corporate limits, write RURAL OR and give nearest town) TOWN Anna polls LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Anne Arundel General	STREET (If rural, give location) ADDRESS 203 Severn Ave.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) CAROLYN C HIGHE	
Famela RACE: WIDOWED, DIVORCED, Specify: Widowed April	9. AGE last birthday: Funder 1 Year IF UNDER 24 RRS. 1 23 1877 . 78 yrs. Months Days Hours Min. R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY! Winchester A A Co. Md. USA 14. MOTHER'S MAIDEN NAME:
John Winchester	Laura Winchester
(Yes, no, or unk.) (If Yes, give war or dates of	17. Informant & Address: fr John Hughes, Son same as # 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	29. AUTOPSY; Yes \(\text{No.} \(\text{No.} \)
21s. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING DF Street, office bldg., etc.	
CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY Feb. 11. 1956 M. work at work	Annapolis Anne Arundel Maryband
22. I hereby certify that I took charge of the remains describ	Natural causes
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accies SIGNATURE Elmer G. Linhardt	
find that death resulted from: Natural causes, Accidental Elmer G. Linhardt Found Latter	Natural Causes bed above, held an Autopsy , Inspection , Inquiry , and dent , Suicide , Homicide , Undetermined cause CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. Feb. 11, 56 RY OR CREMATORY LOCATION (City, town, or county) (State) metery Annapolis, Maryland
find that death resulted from: Natural causes, Accidental Elmer G. Linhard Francisco Name of Cemeter 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Matural Causes bed above, held an Autopsy □, Inspection ゼ, Inquiry ゼ, and dent □, Suicide □, Homicide □, Undetermined cause □. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. Feb. 11, 56 RY OR CREMATORY LOCATION (City, town, or county) (State)

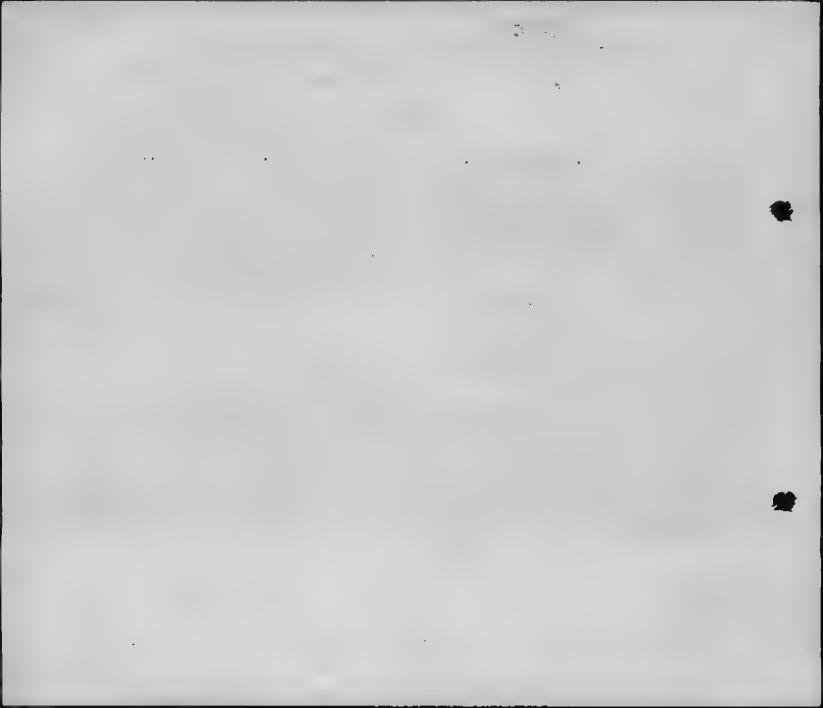
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct alle is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



回 SO. PLE/

E DEPARTMENT OF HEALTH-BALTIMORE, 18 I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED; Anne Arundel Maryland COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) OR and give nearest town) (In this place) Pasadena TOWN HOSPITAL OR ADDRESS 5 N. Elizabeth Rd., HFD 6 INSTITUTION OR 5 N. Elizabeth Rd. STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: OF Clinton Kemp Murley (Type or Print) DEATH 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Male (Specify): 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): work done during most of work life, - INDUSTRY: even if retired): 13. FATHER'S NAME: MAIDEN NAME: WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: (Yes, no, or whk.) [(If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Gunshot wound of Chest Immediate cause (a)..... DUE TO Antecedent cause(s) (h) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes No No 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) (State) PRIMARY | or CONTRIBUTING | street, office bldg., etc., CAUSE OF DEATH. INJURY 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Not while INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, REMOVAL (Specify): NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) 24, FUNERAL DIRECTOR ADDRESS



ah

A15A - 5 - 53

DEPARTMENT OF HEALTH-BALTIMORE, 18

()1307 Reg. Dist.

21

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CITY (If outside corporate limits, write RURAL (in this piace)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Fourth Street
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) CHARLES MARTIN	I NMAN DEATH 2 9 19 56
Male White Specify: S	of BIRTH: 10, 1940 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student 2nd figh School	Annapolis, Maryland USA 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert F. Inman Sr.	Marie A. Lowman
(Ves no or unk)) (If Yes give war or detector	17. INFORMANT & ADDRESS:
service) = = - N	r Robert F. Inman Sr. Father same as # 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
DUE TO	rowning
Antecedent cause(s) Diseases or conditions, if any, (b)	0 1 100 MYNN 1 10 10 10 10 10 10 10 10 10 10 10 10 1
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 20 No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc.,	
CAUSE OF DEATH. INJURY ROALYARD 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	Annapplis Anne Arundel Maryland 21f. How DID INJURY OCCUR? While riding bike
The state of the	Accidentally drowned sell.
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy A, Inspection , Inquiry , and lent A, Suicide , Homicide , Undetermined cause .
SIGNATURE MILLIE / MOTOR AND	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. DATE SIGNED 2/9/56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BIT121 Feb. 11.56 Hillcrest Ce	Y OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 MUNERAL DIRECTOR ADDRESS
6:1-56 1/1 - U. Unucl	HOPPING FUNERAL HIME ANNAPOLIS, MD.



2 .Y UAL.

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)1308

1255 CERTIFICATE OF DEATH

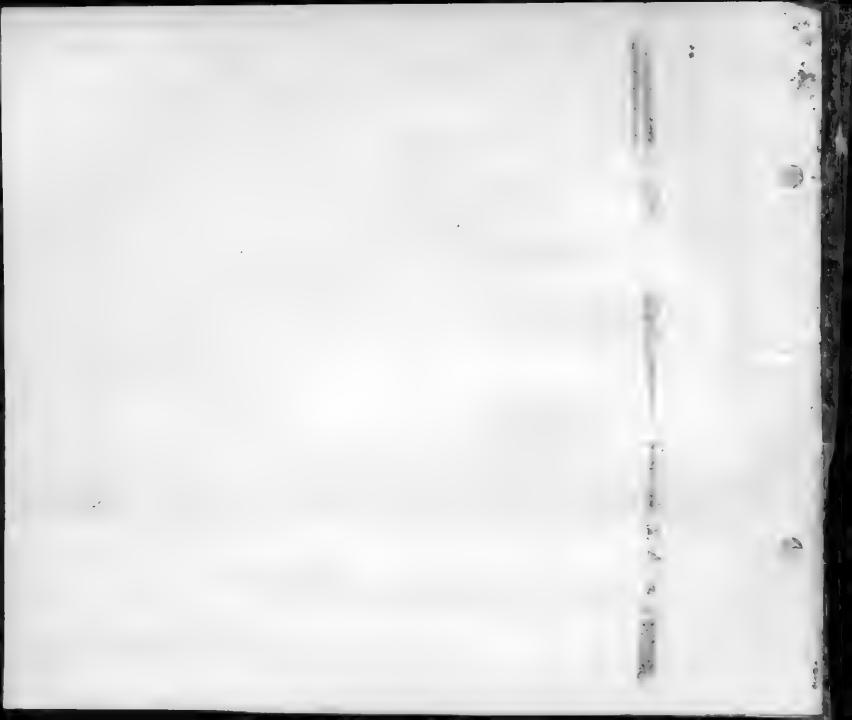
Rom	Dist.	No

1999; Опити	Reg. Dist. No.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY A.A. CO. MARYLAND	STATE Md. COUNTY A.A. CO.			
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)			
OR and give nearest town) (in this place) Y TOWN Harmons	TOWN Harmons			
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) /			
Matreet Address Dorsey Rd.	Dorsey Rd. Box 115 B.			
3. NAME OF (First) (Middle) (DECEASED:	(Last) 4. DATE (Month) (Day) (Yesr)			
(Type or Print) PINKEY JACKS	Jeann			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER LYEAR, IF UNDER 24 HRE.			
Female Col. (Specify) Widow Jan.2	25,1860 95 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT			
even if retired) Housewife	Nelson Co. Va. U.S. A.			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME			
James Brown	Martha ?			
IS, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) (If Yes, give war or dates of service)	Bessie Mundell Box 115 B.			
18. MEDICAL CERTIFICAT	WINDLAST DELACED			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
IMMEDIATE CAUSE (A) MOUNT	WANTA_			
DUE TO	2 / 4 41			
ANTECEDENT CAUSE (5)	o debilik			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	2 Control of the cont			
(¢)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
3	YES NO			
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)				
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?			
OF INJURY M. at work at work				
22. I hereby certify that I attended the deceased from M. 13, 1956 to Feb. 17, 1946, that I last saw the deceased				
alive on/ and that death occurred at	730AM, from the causes and on the date stated above.			
SIGNATURE	D. RILLETTIZIZE CLIVETTE TO MA			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE				
Burial Feb.16,1956 Proffits	Va. Proffits Va.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1024/FUNERAL DIRECTOR / // APORES 22			
REGISTRAR	TILL Madlis W. W. Il Silkans TI. Lakow de 10			
1.)	I felle fly the first the			

correct age

eter 18 Pilm G193 3-13-56 are CERTIFICATE OF DEATH

5 br	11-	FOR MEDICAL	EXAVIENTS Reg. Dist. No		
1 =		NAME OF DECEASED Type or Print)	2. DATE		
N. and	11	SIDNEY	OF 2=23=55		
E+*	II A	Baltimere City, Maryland on P.R. R.	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE B. COUNTY before admiss	e	
T T	B	FULL NAME OF a (if not in hospital or institution, give street address or	New York City, N.Y.	non j	
oint pu	71 H	NSTITUTION Worse Cranche country location)	C. CITY OR TOWN (if outside corporate limits, write RURAL and	give	
A .c		1	New York City, towns	hip)	
ALL deat]		Yrs.	D. STREET ADDRESS (If rural, give location)		
D.A.		Length of stay in Baltimore Days	133 W. 116th Street		
₹ %	5	SEX 6. COLOR OR RACE 7 SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH 9. AGE (In years II Under 1 Year II Under 24	Hours	
rsE .		Male Negro Married	lost birthday) Months Days Hours: N	lin.	
C .	10	OA USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	—	
NOT the	₩ OX	rk deae during most of working life, even if retired).	Mass. U.S.A.	RY?	
0 P	1:	Walter 3. FATHER'S NAME	14. MOTHER S MAIDEN NAME	-	
o iti	H	William Jackson	Unknown		
14 2	1:	5. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL			
ED.		es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
ck or elue-black in Physicians: please					
RE GL		18. CAUSE	OF DEATH INTERVAL BETWOONSET AND DE		
an la		DISEASE OR CONDITION DIRECTLY			
raanent re or blue-bl Physicians:	İ	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	sive crushin injury of chest		
MA hr		injury or complication which caused death.) DUE TO	ssive bilateral hemothorax.		
がりに		ANTECEDENT CAUSES			
A PE ACK	-	(8)		, ,, ,,	
RS A BLA plied	ΙŌ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	•		
ENT BLAC	A	UNDERLYING CONDITION LAST.			
	E S			—	
r PERMAN carefully	RTIP	OTHER SIGNIFICANT CONDITIONS CON-			
ref	ER.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	n n n n n n n n n n n n n n n n n n n		
E P	Ū	IF OPERATION WAS RELATED TO 194, DATE OF OPERATION 1	DE CONDITION FOR WHICH OPERATION 20 AUTOPSYT		
VITT	1	PART LOR PART II	NO NO]	
22 I certify that I took charge of the remains described above, held an Autopsy A, Inspection , Inquiry found that death resulted from: Natural causes , Accident A, Suicide , Homicide , Unde manner . 238 CHIEF MEDICAL EXAMINER . 238 CHIEF MEDICAL EXAMINER . 230 DATE S ASSISTANT MEDICAL EXAMINER . 230 DATE S M.D. MEDICAL INVESTIGATOR . 231 PROJUCT S ASSISTANT MEDICAL EXAMINER . 232 PROJUCT S ASSISTANT MEDICAL EXAMINER . 233 PROJUCT S ASSISTANT MEDICAL EXAMINER . 234 PROJUCT S ASSISTANT MEDICAL EXAMINER . 235 PROJUCT S ASSISTANT MEDICAL EXAMINER . 236 PROJUCT S ASSISTANT MEDICAL EXAMINER . 237 PROJUCT S ASSISTANT MEDICAL EXAMINER . 237 PROJUCT S ASSISTANT MEDICAL EXAMINER . 238 PROJUCT S ASSISTANT MEDICAL EXAMINER . 247 PROJUCT S ASSISTANT MEDICAL EXAMINER . 248 PROJUCT S ASSISTANT MEDICAL EXAMINER . 249 PROJUCT S ASSISTANT MEDICAL EXAMINER . 240 PROJUCT S ASSISTANT MEDICAL EXAMINER . 240 PROJUCT S ASSISTANT MEDICAL EXAMINER . 250 PROJUCT S ASSISTANT MEDICAL EXAM					
E I			Activities (2)		
EAS of i		manner [].	238. CHIEF MEDICAL EXAMINER [] 23c. DATE SIGNED		
PLE n	1		D. MEDICAL INVESTIGATOR 2-21-55		
P1 item		44. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE		te)	
	Ť	ION, REMOVAL (Specify)	War Tanani		
Every	_	Removal 3-1-56 Mt. Holines	25. FUNERAL DIRECTOR ADDRESS 578	WF	
Á		OCAL REGISTRAR	MAJE aures Ja, Kleunslas Biddle St	4 54	
	11	1 m sur 25'1911 KU/.	MANAGERS CV. FULLIARES	_	



TO ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1356 CERTIFICATE OF DEATH

01310

Reg. Dist. No. 25

	1. PLACE OF DEATH	AL RESIDENCE (HOME) OF DECEASED
	COUNTY MARYLAND STATE	FOG. COUNTY # 14.
	CITY (If outside corgorate limits, write RURAL LENGTH OF STAY CITY	(It outside corporate limits, write RURAL end give neerest town)
	OR and give name town) TOWN (in this place) OR TOWN	Directlyon.
	HOSPITAL OR 11 - STREET	
	INSTITUTION OR STREET ADDRESS ADDRESS ADDRESS	SS 2.16 15. 1/2€.
	3. NAME OF [First] (Middle) [Last] DECEASED	4. DATE (Month) (Dry) (Year)
	[Type or Print] / . [(')S () [] []	DEATH 7/20 1936
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH WIDOWED, DIVORCED,	9. AGE last birthday IF UMDER 1 YEAR IF UNDER 24 HRS.
	(Specify) 2 /2/2/7	yts. Months Deys Hours Min.
	to a state of Considerable and the Dr. Montecone	CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	retired of the first terms of th	1474
		HER'S MAIDEN NAME
	1.000	Maggie. STEIN Elto
		NFORMANT & ADDRESS
	(Yes, not or funk,) (If Yas, give wer or dates of service)	- Hinely - Dames
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	N - INTERVAL BETWEEN ONSET AND DEATH
	Co. so.	a mccal cantul 9 200
	IMMEDIATE CAUSE (A)	
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
	(C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
, ,	198. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO K
197 1	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, tarm, tectory, 21c. WHERE DII	DINJURY OCCUR? (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(50)
	21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED 21i. HOW DID While Not while	MJURY OCCUR?
	M. at work at work	
	22. I hereby certify that I attended the deceased from 19.3	., to Felt 20, 19.56, that I last saw the deceased
	alive on FRA . 20, 19. 25, and that death occurred at 1.35 P.N	, from the causes and on the date stated above.
10M		ADDRESS (Streat, city, lowb, stele) DATE BIGNED
1-55 1		Ut ruchal Hyan 2 22 3k
2 0	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMPTERY OF CREMATORY	LOCATION (City, loyn, or county) (State)
A15C	REMOVAL (SPECIFY) 5 & 4/56 Flower & LE	1 / Kick
\S		AL DIRECTOR'S SIGNATURE ADDRESS
	DATE STATE AND SHOPE OF THE STATE OF THE STA	energy fluccias of Jenne

EES

(Day)

16

Days

(Yoar)

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

2 years

20. AUTOPSY YES T

NO

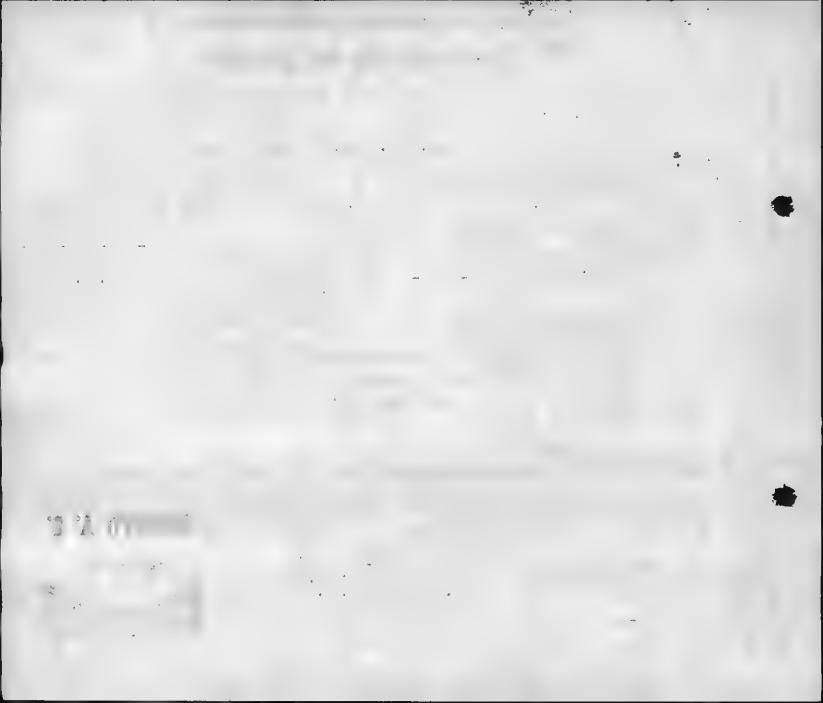
(State)

(State)

CITIZEN OF WHAT

COUNTRY?

U. S.



After this fy of this

COBY

1736

1314CERTIFICATE OF DEATH

		Reg. Dist. No.	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	_
	COUNTY JUNE HRUNDEL MARYLAND	STATE MARYLAND COUNTY A. H. Co.	
	CITY (If o Itside corporata limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give naarast town) OR	
	1 TOWN HANADOLIS	TOWN HNIADCHIS	
	HOSPITAL OR INSTITUTION OR O	STREET ADDRESS () (If rural give focation)	
	STREET ADDRESS WAY WIDGE KD.	KAY KIDGE KO.	
	3. NAME OF DECEASED (Fyst) (Middle)	(Last) 4. DATE (Month) (Day) (Yaar)	
	(Type or Print) KALDH KOY JO	HUSCN DEATH & // 1951	2
	5. SEX 6. COLOR OR 7. SINGLE, MARRED, 8. DATE O WIDOWED, DIVORCED, (Specify) 100 (2) F	9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Min	_
	PARKE 0/3	11, BATHPLACE (State or foreign country) 12, CITIZEN OF WHAT	
1	done during most of working file even if relired in the CR NDUSTRY	II) EST LIBOURA COUNTRY 2- Q	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
	"Unbrower	Muknown	
i	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 1	_
*	(Yas, ng, or unk.) All Yas, give wer br detas of cervice)	DODALA HILL-JOHUSON 77-2	
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ITTIFICATION INTERVAL BETWEEN ONSET AND DEATH	1
	EMMEDIATE CAUSE (A) CORORARY	THROMBOSIS & HOURS	
	ANTECEDENT CAUSE(S) DUE TO	OTICHEART DISEASE 10 VICS	
	GIVING RISE TO THE ABOVE CAUSE	OTICITEIFICI PRINCIPLE 10 YILS	_
	STATING UNDERLYING CAUSE LAST. (C)		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YE5 ☐ NO ☐	
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING AUSE OF DEATH OF INJURY street, office bidg., etc.]	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21s. INJURY OCCURRED While Not while	21. HOW DID INJURY OCCUR?	
	M. at work et work		
	22. I hereby certify that I attended the deceased from Worl	, 19.55, to	ed
		Signature from the causes and on the date stated above.	
10M	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNI	ED
55 1	Callerand & Frek - M.O. 4	(Southgale (die amapolio 2-/18/2	200
ů T	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY (LOGATION (City, townfor county)	
S A15	24. REC'D BY REGISTRAR REGISTRATES SIGNATURE	Dhutt HUUHLOLIS MO	
>	Second Second	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

REGERAL!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()1313

C'58 3-12-58 ECERTIFICATE OF DEATH

- 1.		OBMITTOATI	OF DEATH Reg. Dist. No.
leg		NAME OF DECEASED 'ype or Print'	2. DATE
N. and	_	TRICKAS REED JOHNSON	DEATH 2-23-5
	A.	Baltimore City, Maryland Or Files	A. STATE B COUNTY before admission)
	В.	FU. 1 NAME Of all not in hospital or institution, give street address or	
POINT h clean	11	OSPITAL OR a ne clausale county location)	township
			Baltimore 6,
BALL f dea		Yra. Mos.	D STREET ADDRESS (If rural, give location)
- 0		Length of stay in Baltimore Days SEX G COLOR OF RACE 7. SINGLE, MARRIEO.	1814 Ellinwood Road 18 Date of Birth 9 Age (In years) # Under 1 Year 1 Linder 24 Noess
SE A	5	Male White Married (Specify)	
NOT USE	10	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY) INDUSTRY	11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF
to1	-	roject Mgr. Glenn L. Martin Co.	Waverly, Va. USA
		B. FATHER'S NAME	14. MOTHER S MAIDEN NAME
rkk_Do		esley Johnson	Mary Reed
Se K	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s. no or unknown) (If yes, give war or dates of service) SECURITY NO	17 INFORMANT ADDRESS Ralto.Md
acs. plea:	7	yes W.W. 2 229-03-9716	Mrs. Thos. R. Johnson, 1816 Ellinwood Rd.
J 1		18. ' / 'X CAUSE	OF DEATH INTERVAL BETWEEN
LUE-BI		DISEASE OR CONDITION DIRECTLY	
		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Tracti	ure of the pelvis
27		heart failure, asthonia, etc. It means the disease,	ation of the Juttocks with
Phy		Tacer and the second se	
G. CK			visceration of abdominal contents
BL	6	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO THE	. , , , , , , , , , , , , , , , , , , ,
snr BLAC supplied,	F	UNDERLYING CONDITION LAST.	
	S	(0)	
WITH FERMANENT BLACK	Ή	OTHER SIGNIFICANT CONDITIONS CON-	e some to the second of the se
ER	04	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ES	ΰ		98. CONDITION FOR WHICH OPERATION 12 4 . 10 / UTOPSY?
E S	4		- · · · · · · · · · · · · · · · · · · ·
-	2	PART OR PART (Day) (Year) (Rour) 21E. INJURY OCCURRE OF INJURY OF INJURY	ED MJURY OCCUR?
SE TYPE, OR information		ETECTIVE MIL WORK AT WORK	Kartisi
E E		22. I certify that I took charge of the remains described a	bove, held an Autopsy 🖾, Inspection 🖂, Inquiry 🗀, and
E G		found that death resulted from: Natural causes [],	Accident E, Suicide I, Homicide I, Undetermined
SS		manner [].	
PLEASE TYPE, item of informa			238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2-24-56
	24		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
ILA		on REMOVAL (Specify) 2/27/56 Parkwood Cenet	tery Baltimore, Md.
Every		ATE RECEIVED BY REGISTRADES SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
	70	OCAL REGISTRAR . Clara Laships	hasshur Tunes How 7401 Belair Rd.
	-		

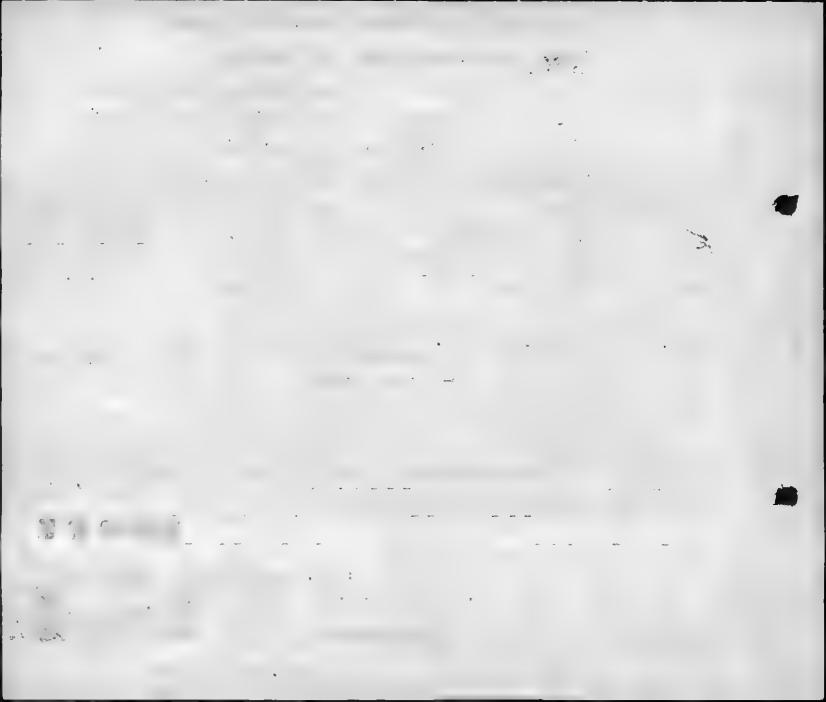


TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificale has been executed by the attending physician and certificale in by the funeral director, the third capy of this leak certificate assembly should be leaded for an as a besit least permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH 1350

1909			Reg. D	ist. No. 28
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEA	SED
COUNTY Anne Arundel	MARYLAND	STATE Mary.	land COUNTY FI	rederick
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corpor	ate limits, write RURAL end give	nearest town)
OR end give nearest lown) TOWN Crownsville	3mos. 27 days	TOWN Fred	erick	1
HOSPITAL OR		STREET	(If rure) give foceti	on)
institution or street address Crownskille St	tate Hospital	ADDRESS 302]	Middle Alley	,
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Katie		Jones	OF DEATH 2	1 10 56
S. SEX 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE OF	F BIRTH S	. AGE lest birthdey IF UN	DER 1 YEAR IF UNDER 24 HRS
	Married 9/5/		74 yrs. Month	
10a. USUAL OCCUPATION (Give kind of work done during, most of working file, even if refired) 10. ISEWIIE	OR INDUSTRY	11. BIRTHPLACE (State or forms) Maryland	in country)	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME	<u></u>	14. MOTHER'S MAIDEN N	IAME	
Stephen Brown		Mary Ell:	iott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DORESS .	
(Yes, no, or unk.) (If Yas, give wer or dates of service)	Unk.	Hospital	Records	
	18, MEDICAL CER			INTERVAL BELWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO D				ONSET AND DEATH
the state of the s	erebro-vascular ac	ccldent		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, & ANY, (B)	Syphilis			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	7 2000			/
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
198 DATE OF OPERATION 196. MAJOR FINE	DINGS OF OPERATION			20. AUTOPSY? YES KO NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY :	(Homa, ferm, fectory, 2 street, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR	? (City or town) (C	County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	21e. INJURY OCCURRED 1	III. HOW DID INJURY OCCUR	?	
M.	While Not while at work			
22. I hereby certify that I attended the	deceased from 10/5	19 55 to 3	2/1 19 56 tha	at I last saw the deceased
	, and that death occurred at			
SIGNATURE	(L. Benedict, M.	A DDS	ESS (Street, city, lown, stele)	
Necephel Ha	M.D.	Cro	wnsville, Md.	2/1/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY MINELE	LOCATION (City, Jown, or co	unty) (State)
BOTIAL 2-7-	56 77	TOWN	THE der	APPRES OF
DATE 2/-//S S REGISTRAR'S SIGN	Cause .	CharLes	E. Hicke	III w Saint
	778			

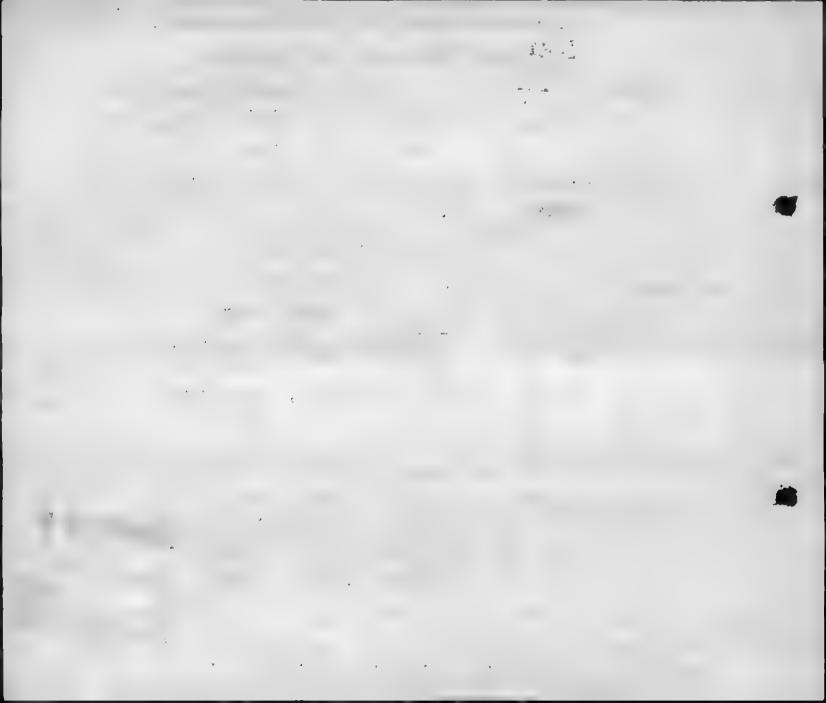


TO FUNERAL DIRECTOR: The law require that the denth certificate be filed with the registrar within 72 hours after death. After this certificate lies been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assemily should be detailed for use as a lurial transit permit.

VS A15C 1-55 10M

1360 CERTIFICATE OF DEATH

Item 9. FilmG192 2-9-56 et			R	eg. Dist. No	27
1. PLACE OF DEATH		2. IMULL HIT	line mouse ar a	ECEAREN	****
COUNTY Anne Arundel City (It outside corporate limits, write RURAL	HANTLAND	STATE TILIAO	LS COUNTY	Cook	
OR and give nearest town) TOWN Ft GG Meade	(in this place) 1 hour	fown LaGr	ange		
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital		STREET ADDRESS 201	(If rerel gives	ra focation)	
3. NAME OF (First) (N	(iddle)	(Lasi)	4. DATE (Moi		(Yeer)
(Type or Print) CHARLES	E.	KINSEY	DEATH I	ebruary 1	19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED), 8. DATE (9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ngle 31 0	ctober 1932	23 起 yn.	Months Days	Hours Min.
done during most of working life, even if OR #	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or for	eign country]	COUN	
ratired) Soldier US A:	rmy	Washington	NAME	US	<u> </u>
Maurice Everett Kinsey		Francis Fu			
	SOCIAL SECURITY NO.	17, INFORMANT &			
(Yes, no, or unk.) (If Yes, give wer or deles of service) 5 Yes Since Sept 55	SOCIAL SECURITY NO. 33=28=7350 EXELASIMATE		ice records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		INTER	RVAL BETWEEN ET AND DEATH
	Shock				hour
		emorrhage, cer	ebrain indrug		
DISEASES OR CONDITIONS, # ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	there minery	homeway.	Course of	mg -	L hour
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	·				
190. DATE OF OPERATION 195. MAJOR FINDINGS O	F OPERATION			YES YES	AUTOPSY?
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	farm, fectory, lice bldg., etc.)	216, WHERE DID INJURY OCCU		(County)	(State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		211. HOW DID INJURY OCC	Anne Arunde	Larylai	ad
1500 Feb 1 56 M. while	Not while	Bus acciden			
22. I hereby certify that I attended the deceas				that I last say	the deceased
alive on / Feet 1956 5, and t	that death occurred a	13:13 PM from the	causes and on the	date stated above	ð.
V Andram war Thours			eade Maryla		
23. BURIAL, CREMATION, DATE RIEREOF	M.D.	CREMATORY	LOCATION (City, tow	n, or county)	(State)
Burial (SPECIFY) 2-3-56	2		LaGrange,	Illinois	
24. REC'D BY REGISTRAR REGISTRARY SIGNATURE	WHOR I /It	1 25. FUNERAL DIRECTOR'S	SIGNATURE CALT	ADDRESS	



BULLING X. S.

JULI S RAM

VS A15C 1-55 10M

IN TRUCTIONS

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01317

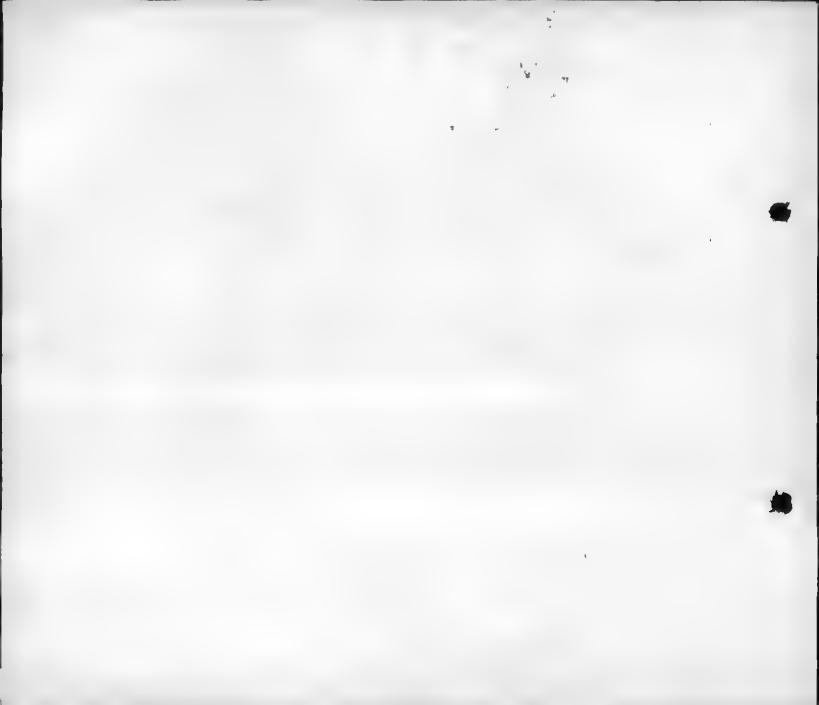
21

1316 CERTIFICATE OF DEATH

Item 14, FilmG193 2-24-56 et			Reg. Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEASED	(ī
COUNTY WILL.	MARYLAND	STATE MA	COUNTY (И.
CITY (Il outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	OR //	te limits, write RURAL and give neerest to	wn)
TOWN Junapoles		TOWN 7	welklow	
HOSPITAL OR INSTITUTION OR	111	STREET ADDRESS	(if rurel give location)	
· STREET ADDRESS Lane (Irunde	General			
3. NAME OF DECEASED	(Middle)	(Lest)	4. DATE (Mopth) (Dey	(Year)
(Type or Print) Lunge 17	12	robines	DEATH JUP, 10	1906
	RRIED, 8. DATE	OF BIRTH 9.	AGE last birthday IF UNDER 1 YEA Months Days	
	KIND OF BUSINESS	1. 29, 1884	/ / Yrs.	1 05 100 15
done during most of working I fa, avan if	OR INDUSTRY	11. BARTHPLACE (Stelle or foreign	(CO	IZEN OF WHAT UNTRY?
retirad) 13. FATHER'S NAME	une Pallway	14. MOTHER'S MAIDEN NO	2 Md.	
S. PAINERS NAME	1.3/ 111			
15. WAS DECEASED EVEN IN U. S. ARMED FORCES	TIG. SOCIAL SECURITY, NO.	Maggie		at the
(Yes, no, or unk) (If Yes, give war or deles of service)		Carried States	Zind will	Churchen
	18. MEDICAL CE	RTIFICATION	- jacanear pr	NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH 1	1 1 13	1 4	INSET AND DEATH
MATERIAL CAUSE (A)	nelmal VI	aseura 12	ccellent	7 Charles
ANTECEDENT CAUSE(S) DUE TO	1 Lines	Permais		41.
DISEASES OR CONDITIONS, IF ANY, (B) CONTINUE OF THE ABOVE CAUSE TO THE ABOVE CAUSE LAST DUE TO	Dan Co			1
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.	CC OF ORESETTION			20. AUTOPSY?
19e. DATE OF OPERATION 19b. MAJOR FINDIN	G3 OF OPERATION		Y	ES NO Z
216. ACCIDENT WAS UNDERLYING 216. PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY street (FITHER, NOTIFY MEDICAL EXAMINER)	lomo, farm, factory, el, office bidg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (County)	(Stete)
	21e. INJURY OCCURRED While Not while of work	211. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the de	117	195 6, 10 2/		taw the deceased
2/01/17	and that death occurred	1111	uses and on the date stated ab	
SIGNATURE	mar deam occurred		ESS (Street, city, town, state)	DATE SIGNED
French M. Allet	M.D.	annahol	in The 21	12-156
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or county)	(Stete)
Burisl 1/13/5	6 Wood	fielde	Galewille,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATI	URE OIL	25. FUNERAL DIRECTOR'S SI	GNATURE O ADDRE	55 /
DATE 2/13/56 (1000)	In Stilliage	Derund Jack	city received le	tal.
y. mrs	· onench B			

LEB 12 1950

BUREAU V. S.

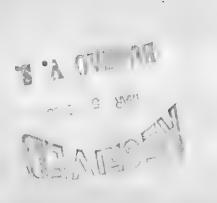


• ATTENDING PHYSICIAN OR MOSMITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1200 CERTIFICATE OF DEATH

				AENT OF HEA			18	01	1319
	136	2 CERT	IFICA	TE OF	DEAT		eg. Dist	. No	******* ******** **
1. PLACE O	F DEATH			2. USUAL	RESIDENCE	(HOME) OF D	ECEASE	b	
COUNTY	Anne Ar	undel			maryla		A A		
CITY (If ou	Iside corporate limits, write R		MARYLAND LENGTH OF STAY	STATE CITY (IF	autside corporate li			rest town	
OR end	Crownsyille	2	25 years	OR	Annar	1			
HOSPITAL O INSTITUTION STREET ADDI	OR CO	ille Stat	e Hospita	STREET ADDRESS	21 Wash	ting torce	ve location) 5 fre	at	
3. NAME OF	M lada	(Mic		(Last) arkins		DATE (MO	1	(Dey) 24	(Your) 19 36
S. SEX		. SINGLE, MARRIED,		TE OF BIRTH	9. A	GF last birthday	IF UNDER	1 YEAR	IF UNDER 24 HR.
Male	Negro	(Specify) Sing	le U	AKnown		73 yrs.	Months	Deys	Hours Min.
10e, USUAL OCC done during retired) 7	UPATION (Give kind of wor most of working life, evan	rk 10b. KIND C	- 1		(State or foreign co		12	COUNT	N OF WHAT
3. FATHER'S NA	grmer				R'S MAIDEN NAME			U	,3,77
7	Dennis L	Larkins			3 -	inowde	M		
IS. WAS DECEA	SED EVER IN U. S. ARMED	FORCES? 16, S	OCIAL SECURITY NO	-	ORMANT & ADDRE	SSI			
(Yes, no, or unk.)	(II Yes, give war or date:	of service)	TKHOWN	<i>f</i>	Huspita	1 Reco	rds		
# D(#F1 #F4 OD				CERTIFICATION					RVAL BETWEEN
I DISEASES OR	CONDITIONS DIRECTLY LEA		and in and	and Cerel	1-11	Hericisch	Turner I C	1	ET AND DEATH
		(^	ralized i	ING CELE	Dre / /41	Jen 1075 G IV	(FZO -)	1	ears
	recedent cause(s) Onditions, IF ANY.	B Jes	nilita.						
GIVING RISE TO	THE AROVE CALISE	E TO	7						
		(C)							
	CANT CONDITIONS CONTR		1/ D	ficiency	,				
DISEASE OR C	ONDITION CAUSING DEATH	MAJOR FINDINGS OF		TICIONCY					
hon		MAJOK PINDINGS OF	- OPERATION					YES	NO R
OR CONTRIBUTING	WAS UNDERLYING CONTROL CAUSE OF DEATH	21b. PLACE (Home, f OF INJURY street, offic	erm, lectory, bldg., atc.)	21c. WHERE DID IF	NJURY O CCUR ? (C	ity or town)	(Cour	1	(State)
21d. TIME OF IN.		ear) (Hour) 21s. IN	JURY OCCURRED	211, HOW DID IN	NJURY OCCUR?				
_		M, et work	et work]					
22. I hereb	y certify that I alte	nded the decease	from 2-2	4 1956	, to 2-	24 1954	that I	Inst snu	the decease
alive on.				d at 5.00 PM.	from the cause	s and on the	date state	d ahove	1110 00000300
SIGNAT		10				S (Street, city, tov			ATE SIGNE
	Stanle	/ / / /	lany M.D.	Ch	ownesvit	le, ma	1.	2-	25-56
23. BURIAL, CRE REMOVAL (PIEREOF	NAME OF CEMETERY	OR CREMATORY	// LO	CATION (City, tow	n or county)	(State)
Buch	100 - 5/1	1100	1 how	er Al	RICE	Juney	Vola		my
247 REC'D BY RE	GISTRAR CONTRACTOR	RAR'S SIGNATURE	7	251 FUNERAL	OFFICTOR'S SIGN	ATURE	and and	ADDRESS	18
\$,9 %		11, OM.	lanca	Jak.	1. HI	2011/11	-0/		1. 1.11



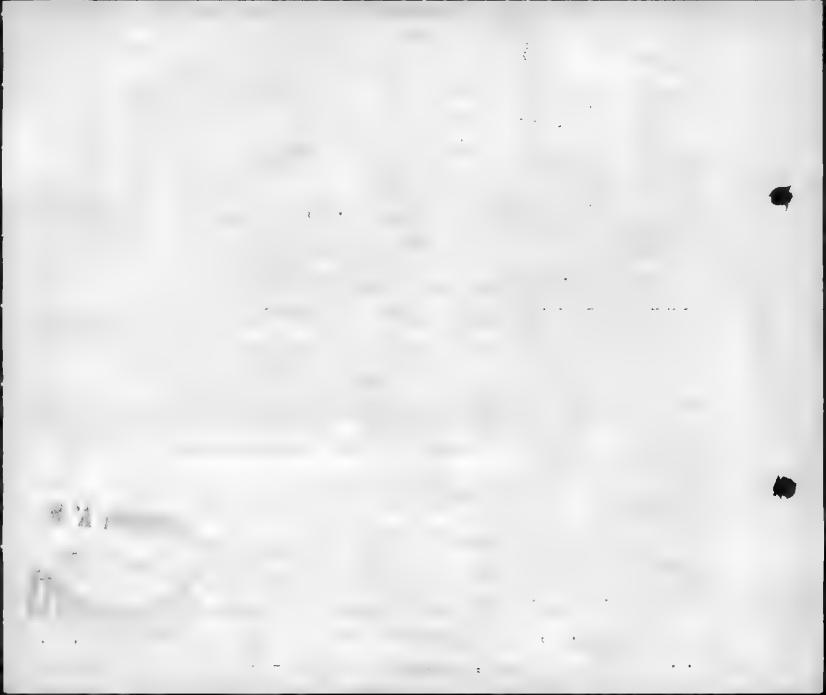
director

DIRECTOR:

FUNER.

· 1 10116.

1. 831



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF 1363 Reg. Dist. No. 24 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: legibly COUNTY COUNTY STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) carefully. OR and give nearest town) (in this place) OR TOWN and HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS clmarly information 3. NAME OF (Middle) 4. DATE (Day) (Last) (Month) (Year) DECEASED: UEIYS OF (Type or Print) DEATH: 5. SEX: dmath S. COLOR OR 7. SINGLE, MARRIED 8. DATE OF 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED. Months Days Hours (Specify): Wir 4 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT Jo work done during most of working life, INDUSTRY: COUNTRY? even if retired): Houseuft (/) mone 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: can every 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: KOR (Yes, no, or unk.) | (If Yes, give war or dates of Supply write MEDICAL CERTIFICATIO MARGIN RESERVED Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death NK. 0 331x Immediate cause (a) DUE TO SZ Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) ... giving rise to the above cause stating the underlying cause last. DUE TO UNF 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH important. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? Yes I No 21. ACCIDENT PLACE (Home, farm, factory, street, office bldg., etc.) (STATE) (Specify) (COUNTY) PLAINLY, SUICIDE office bldg., etc.) HOMICIDE INJURY especially TIME (Month) (Hour) INJURY OCCURED **HOW DID INJURY OCCUR?** While INJURY Work At Work 22. I hereby certify that I attended the deceased from 13. Fact. ,1956, to 14 Feb., 1956, that I last saw the deceased WRITE AM from the causes and on the date stated above. alive on . / ? , and that death occurred at DATE SIGNED (Degree or title) ADDRESS 13Feb 1956 INTHU G BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City, town, or county) [E] PLEA! REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1319CERTIFICATE OF DEATH

01323

Reg. Dist. No.

	1, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY A.A. MARYLAND		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	COUNTY A.A. MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE COUNTY A COUNTY CITY (If autside corporate fimits, write RURAL and give newest lown)				
	OR and give nearest town) (In this place)	OR				
	ALL KI'S 1 I BOUT	Full Strategy . We				
	HOSPITAL OR INSTITUTION OR	ADDRESS Ru D 5 (If rural giva location) 10x 401				
	STREET ADDRESS A.A. Caler I OScital	Prke Shore, Posaler, I.				
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yast)				
	(Type or Print) To lolle Lar tret.	VIANK DEATH Feb. 28 1956				
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF	77.77				
	RACE WINOWED DIVORCED	Months Days Hours Min.				
	F. I. (Spacity) rried rul.	1- 1.9- 57 ym.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	retired) housewife	Maryland U.S.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	George Will	Unknown				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	T INFORMANT & ADDRESS				
5	(Yes, no, or unk.) (If Yas, give wer or detas of service)					
Ŧ	ne roge	TIFICATION INTERVAL BETWEEN				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
	IMMEDIATE CAUSE (A) Acute Care	21 115 . At 5021 1-1111.				
		1				
		0711 MILANCELLY				
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	1.1				
	ia Reales 71	ullitus 4-4cass				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
	19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
		YES NO X				
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Tarm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straat, office bidg., atc.) [IF ETHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) [County] (State)				
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While While Month Not while	211. HOW DID INJURY OCCUR?				
	M. at work at work	<i>*</i>				
	22. I hereby certify that I attended the deceased from All. 20	2 1952 to Fel. 24 195/C that I last saw the deceased				
	F / A/I A /					
3	alive on. 19.2 4, 19.2 4, and that death occurred at 10.1 0 M, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED					
55 10M	J.M. Mc Laughlere Mo. B	5F18 Boy44x fa indud Med Lif 29, 1934				
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (State)				
A15@ 1-55	Lucial 3/1/56 Glen Haver	1 1 1 0 0 0 0				
. ×	24. RECID' BY REGISTRAR OLA REGISTRAR'S SIGNATURE	25 JUNERAL DIRECTOR'S SIGNATURE ADDRESS				
	MAN U ISON (F	Jane Gones 4001 Pethis Hour				
	DATE IIm. J. Trench	1 / Court of 1 / Charles 1 / C				

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Charles Street, Baltimore

ICATE OF DEATH

01324

	j	1364	CER	TIF
PLACE OF D	EATH.	9	. 0	
COUNTY	1 //	~ .	1 - 1/	

Reg. Dist. No.

	110	
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	in frenchet
CITY (It outside effective to British profes BITPA) and DIENCER OF STAY	They .	Valore alderd,
CITY (If outside or porate limits, write BURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	newrest town)
HOSPITAL OR	STREET (If rural give location)	man F.
INSTITUTION OR STREET ADDRESS	ADDRESS Cozel Lux	Mond
8. NAME OF /First) (Middle)	(Last) 4. DATE / (Month)	(Day) (Year)
DECEASED (Type or Print) / 11 L/A ANN M	ABSHALL DEATH Veli-	24 195/
Venale White Specify Wilder Copy	8-DATE OF BIRTH 9. AGE last birthday If under Months	I year If under 24 hrs. Dnys Hours Mln.
10a. USUAL OCCUBATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY		CITIZEN OF WRAT
Topicul S	Lancaster - Ja	COUNTRY S
13. FATHER'S NAME Jane	14. MOTHER'S MAIDEN NAME	
15. WAS DEGRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Margaret Cosero X	musi to
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. ()	INTERVAL BETWEEN ONSET AND DEATH
11 10 Immediate cause (a) MYCCAR	DIAL INFARATION	1 2 121
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	0 SCL = x 0 S 1.5	(
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) FLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	19 to Carri 19 that I last si	aw the deceased
alive on 10 feet, 19 , and that death occurred at		
- and a think and die	Ele. ger if no 20	5 1
23. BURIAL, CREMATION CONTRICTION THERBOT NAME OF CEMETE REMOVAL (Specify)	A CREMATORY LOCATION (City town, or count	Por (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24) FUNERAL DIRECTOR	ADDRESS

permit.

transit

burial

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detached

seen executed assembly shou

certificate

death

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has

certificate 1-55

The should

DIRECTOR:

FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1365 CERTIFICATE OF DEATH

01325

Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Umord COUNTY Longe MARYLAND Manne 80 CITY (If outside corporate limits, write RURAL LENGTH OF STAY fill outside Corporate limits, write RURAL and give nearest town OR OP and give nearest town) (In this place) TOWN TOWN HOSPITAL OR STREET (If sure) alve location) INSTITUTION OF **ADDRESS** STREET ADDRESS (Middle) (Dey) (Year) 3, NAME OF (Lest) 4. DATE (Month) DECEASED OF (Type or Print) DEATH 19 16 5. SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, PHORCED RACE Months Deys Hours (Specify) yrs. 10s. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS CITIZEN OF WHAT 12. done during most of working life, even if OR JNDUSTRY retired] me 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME S. ARMED FORCES? A6. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS (II Yes, give war or datas of sarvice)/ (Yes, no, or unk.) INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T No 21e. ACCIDENT WAS UNDERLYING TO 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stetp) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while al work et work alive on... and that death occurred at ... ADDRESS (Street, city, town, slete) SIGNATURE DATE SIGNED M.D. BURIAL, CREMATION, DATE THEREOI NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stete) REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS



INSTRUCTIONS

stafter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01326

1320 CERTIFICATE OF DEATH

Reg. Dist. No....

J.al						
All year	-1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEA	SED	
	COUNTY Anne Arundel	MARYLAND	STATE Marmy To	nd county Ann	le barant e	
	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	rale limits, write RURAL and give	a nearest fown?	
	OR and give nearest town)	(in this place)	l OR			
	, C this postery	1	TOWNHErold	Harbor		
	HOSPITAL OR INSTITUTION OR DEA Anne Arundel G	eneral Hosnit	STREET ADDRESS	(H zuref give locat	hon)	
	STREET ADDRESS	engrationpro	Crowns	ville Post Off	ice	
	3. NAME OF GEORGE W. McGee at	Middel George W.		4. DATE (Month)	(Day) (Yaar)	
	Property and Parker St. Co., 1997 and 1	J.	JEG JEE.	DEATH 2	26 1056	
	5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE O	F BIRTH	9. AGE lest birthday IF U	NDER 1 YEAR IF UNDER 24 HRS	
	RACE WIDOWED, DIV	ORCED,	20 2001	61 yrs. Mont	ths Doys Hours Min.	
	LIST NITTOR 1 LIS		22,1894		1	
		OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
- 4	refired) Quartman U.S.	Gov	Baltimore, M	ary land	USA	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	James G. McGee		Macadara	Raxion Alice I	ludor	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & A	ADDRESS		
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	13-10-6942	Man Marsh 1 a	M. McGee- Wif	'a gome on # 2	
		18. MEDICAL CER		. I. PROGESH WITT	INTERVAL BETWEEN	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)		/		- ONSET AND DEATH	
	IMMEDIATE CAUSE (A)	roseary. it	isesse-		Juddie	
	ANTECEDENT CAUSE(S) DUE TO	./				
	DISEASES OR CONDITIONS, IF ANY, (B)					
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
	(C)					
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH					
	194. DATE OF OPERATION 195. MAJOR FINDINGS C	OF OPERATION		•	20. AUTOPSY?	
- 3					YES NO X	
	2fa. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, of		11c. WHERE DID INJURY OCCUI	R? (City or town)	(County) (Steta)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
	21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. While		21, HOW DID INJURY OCCUI	R?		
	M. et wo					
	22. I hereby certify that I attended the decease	sed from	, 19 to	2.5, 195	at I last saw the deceased	
	alive on, 19, and	that death occurred at	A	causes and on the date s	stated above.	
10 _M	SIGNATURE /		ADDI	REES (Streat, city, town, steta	DATE SIGNED	
	Chu hall	M, D.	1 Sourbale	2 Heck	2/25/16	
2	23. BURIAL, CREMINION, DATE THEREOF	NAME OF CEMETERY OR	CKEMATORY	LOCATION (City, town, or co	ounty) (Stata)	
A15C 1-55	Burial Feb 28 56	Glen Haven	Cemetery	Glen Burnie,	Marryland	
Ϋ́	24. REC'D BY REGISTRAR REGISTIONE SIGNATURE	Tou mayeu	25. FUNERAL DIRECTOR'S	SIGNATURE DUTILLE	ADDRESS	
>	A CONTRACTOR OF THE PARTY OF TH	1	1 27 2	The server	2-1	
	DATE 2-28-56	and	HOPPING FULLE	THE STATE KIND	APOLIS, MO.	
	110 - 07	O'FF.				
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1	1327 MARYLAND STATE DEPARTMENT OF 1	HEALTH—BALTIMORE, 18 01327.	
Ħ	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 21	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	county Anne Arundel MARYLAND	STATE Maryland county Anne Arundel	
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annoldis	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Box 161 RFD 4 Annapolis	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital	STREET (If rural, give location) Winchester on the Severn	
	3. NAME OF (First) (Middle) DECEASED: (Type or Print) SHELLEN McCILLIURAY	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Rebrusry 13 19 56	
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	t 12, 1948 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 7 yrs Months Days Hours Min.	
	10s. USUAL OCCUPATION (Give kind of Not	Baltimore, Maryland USA 11. BirthPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?	
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	-HArchie McGillivray	Iris Precogrt	
	(res, no, or unk.) (II res, give war or dates or (17. INFORMANT & ADDRESS:	
	service) Mr. Harchie McGillivray-Father-same as #2		
	18. MEDICAL CERTIFICATION INTERVAL BETWEEN		
	I. DISEASES ON CONDITIONS DIRECTLY DEADING TO DEATH:		
	Immediate cause (a) Criisning injuries	to chest and Skull fracture hours.	
Y	Antecedent cause(s)		
	Diseases or conditions, if any, (b)		
	stating underlying cause last (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{N} \)	
	PRIMARY M or CONTRIBUTING OF street, office bldg., etc.	21c. (City or town) (County) (State)	
	PRIMARY M or CONTRIBUTING OF street, office bidg., etc., CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED	Arnold, Anne Arundel Maryland	
	OF OF INJURY2-13-56 8:55 9.M. While at work [
14	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection X , Inquiry K, and		
	find that death resulted from: Natural causes [], Accidentations of the signature of the si	lent [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 2-13-56	
"	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	Y OR CREMATORY , LOCATION (City, town, or county) (State)	
	DATE REC'D BY LOCAL REGISTRAL'S MENATURE REG. 2 /4-5"	24. FUNERAL DIRECTOR ADDRESS	
	- 11 - V, VIMM	HOPPING FURE HOME ANNAPLOIS, MD.	

A COLOR

death.

hours

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executed within

INSTRUCTIONS

this this

1. PLACE OF DEATH

(If outside corporate limit and give nagrest town)

6.

done during most of working li

WAS DECEASED EVER IN U. S.

I DISEASES OR CONDITIONS DIRE

DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE LA

II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING [CAUSE OF DEA

(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. TIME OF INJURY (Month) (D

22. I hereby certify, that

SIGNATURE

BURIAL, CREMATION,

REMOVAL (SPECIFY)

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REGISTRARY'S SIGNATURE

new

15 U

19a. DATE OF OPERATION

DISEASE OR CONDITION CAUSIN

House

10. USUAL OCCUPATION (Give kin

COLOR OF

RACEA

(If Yes, give we

IMMEDIATE CAUSE

ANTECEDENT CAUSEIS

COUNTY-L

STREET ADDRESS 3. NAME OF DECEASED

(Type or Print) SEX

ratiredico

13. FATHER'S NAME

(Yas, no, or unk.)

TOWN HOSPITAL OR INSTITUTION OR

Affer 0

CERTIFICATE OF DEATH

342	O. BLAIN	Reg. Dist. No
	2. USUAL RESIDENCE (HOME	OF DECEASED
Erundol MARYLAND	-7.00	COUNTY Anne Arundel
write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write	RURAL and give necrest town)
(in this place)	TOWN	of a
4797	- Innegra	a constant
wood Convalencent	STREET ADDRESS	It rural giva location)
si) (Msddle)	(Lesi) A 4. DAT	E (Month) (Day) (Year)
mes mes	trath DEA	TH 2 15 1956
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifical Management 2008)	BIRTH 9. AGE lest bit	rihdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Yrs.
d of work 10b. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
ork at Home	Baltimore	- FRUNTAY? A
0 10-10-1	14. MOTHER'S MAIDEN NAME	
c Goonly	Muknown	Δ
ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMALIT & MODRESS	203-30. n.
or deles of service)	mr 1. Leo Gire	ney Hilmen St
CTLY LEADING TO DEATH) 18. MEDICAL GER (A) (A)	Cular Relevan	INTERVAL BETWEEN ONSET AND DEATH FINANCE FOR THE STATE OF THE STATE O
NY, (B) (14/1.700 iller	1263	with and
JSE DUE TO (C)		
CONTRIBUTING		
TO THE G DEATH.		
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
ATH OF INJURY straet, office bldg., etc.) ER)	c. WHERE DID INJURY OCCUR? (City or town	n) (County) (State)
ay) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while at work	11. HOW DID INJURY OCCUR?	
I attended the deceased from DEC	, 195 f., 10 (S. F. C. D.,	19.2, that I last saw the deceased
, 19 and that death occurred at.		
ers. A Duck M.O. 4	Southert (by	Lucatales 21,525
DATE (THEREOF NAME OF CEMETERY OR	REMATORY LOCATION (City, town, or county) (State)
2117/36 New hat b	edial Com 1300	Wat Frederich Ka-

FUNERAL DIRECTOR'S SIGNATURE

law requires that the death certificate be be retained by the hospital or attending ATTENDING PHYSICIAN The bottom copy

death certificate assembly should been executed certificate has 10M A15C 1-55 S

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VS A15C 1-55 10M

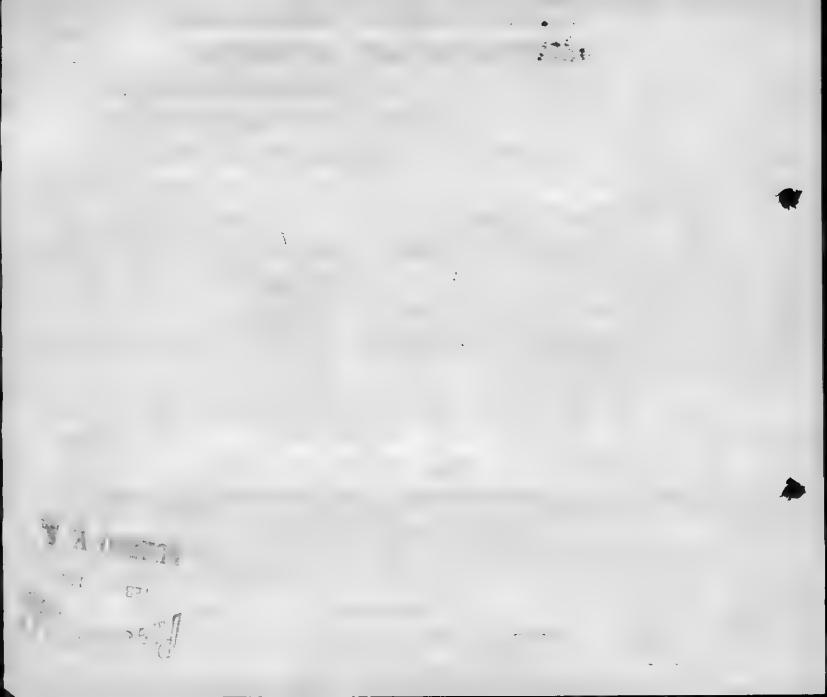
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MSTRUCTIONS

1323 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
1) 15 " 11 6"				
COUNTY Chame Cerwolic	MARYLAND	STATE MD	COUNTY Anno	Archardyd.
CITY (Il outside corporete limits, write RURAL on end give neerest town) TOWN	LENGTH OF STAY (in this place)	OR -	1.0	erest town)
/ TOWN / WALLED CO	5 MW.	TOWN Cerm	e-pel.	
HOSPITAL OR		STREET	(H rural giva location)	
INSTITUTION OR STREET ADDRESS Living Comments of the	VI AVE	ADDRESS SEN	S	
1	ıddle)	(last)	4. (Month)	(Day) (Yeer)
(Type or Print) I-FI :EKICE 1.4	/	4	DEATH FER	21 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED RACE WIDOWED, DIVO				R T YEAR IF UNDER 24 HRS.
Male White (Specify)	DEC	11, 18-90	6 5 yes. Months	Days Hours Min.
	_	11. BIRTHPLACE (State or fore		2. CITIZEN OF WHAT
done during most of working life, even if OR If	NDUSTRY	1.8a. 28		COUNTRY?
retired) (**	? 1	1 14. MOTHER'S MAIDEN		()
	a and supplied the fire		NAME	
FREDERICK HERYAN M	66NCH	Lydia Reed		
	SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give wer or detes of service)		- PACHANI	- KISTHLECH-	SAILE
	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	6.0	10		ONSET AND DEATH
IMMEDIATE CAUSE (A)	return 2x	farring.		16 6-4.
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)				
TT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		- 1		
DISEASE OR CONDITION CAUSING DEATH. B. Raknal pelineury Tuberculary 10 year.				
198. DATE OF OPERATION 196. MAJOR FINDINGS OF	POPERATION	7		20. 'AUTOPSY?
				YES NO 🖼
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, offi If EITHER, NOTIFY MEDICAL EXAMINER	ferm, fectory, 2 ice bldg., alc.)	te, WHERE DID INJURY OCCU	R? (City or town) (Cou	nty) (Stele)
		217. HOW DID INJURY OCCU	IR?	
Mhie el worl	Not while			
22. I hereby certify that I attended the decease				
alive on 320 117 , 19 27 , and t	hat death occurred at,		causes and on the date state	ed above. 2/20/56
Light be 1 / State of the way	M.D. 76	Ciffredal	RESS (Street, city, lown, stata)	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Iown, or count	y) (State)
/ REMOVAL (SPECIFY) Burial	Columbus Ce	me harv	Columbus, N.J.	
24. REC'D BY REGISTRAR REGISTAAN'S SIGNATURE	0010000	1 25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
the state of the s	1	Managarder Country	THE AND AND APP	OT TS (JD)
DATE 2-21-56	and	HOLLTING LAALT	ALL ALL	THE COLUMN



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01330

The	Iter	n 18 Film G193 3-13-56 ams CERTIFIC	ATE	OF DEATH Reg. Dist. No.
1/	00 1	. NAME OF DECEASED		2. DATE
J'	[] []	Type or Print) ALEXANDER	TI	ERO OF 2-03-53
/	- Sept. A	Baltimore City, Maryland	ation	A STATE B. COUNTY before admission
4	clear	FULL NAME OF (If not in hospital or institution, give street a	address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
C - 20	o u	NSTITUTION		Trenton township
(11 3	deat		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
BALLI	4-1-	Length of stay in Baltimore	Days	11/0 Doutz Avenue
TSE A	203	Hale Single MARRIED. Single Married. WHOOWED, DIVORCES Single Married. Single Married. Married.	D (Specify)	9. At E (In year last birthday) Months Days Hours Min.
NOT US	700	OA, USUAL OCCUPATION (Give kind of 108, KIND OF BUSINES k done during most of working life, even if retired)	SS OR NDUSTRY	The state of the s
	e the	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	write	Alexander Nero		SIChi K
RECORD.		5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITOR DO TUBRIOWE) (If yes, give war or dates of service) SECURIT	TY NO.	17. INFORMANT ADDRESS DE VIZ AV
CON	please	NC -		HICKANDER NERO, TRENTON, M.J.
RE			AUSE (OF DEATH INTERVAL BETWEEN
EXA	cia	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., (A)	Exte	ensive tramatic injuries of
IS A PERMANENT BLACK OR BLUE	Physicians:	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		chest with crushing injury of
X C	٣.	ANTECEDENT CAUSES	С	chest
A P	N led	DISEASES OR CONDITIONS, IF ANY, GIVING		lsion of right arm
SI E	supplied.	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Mult	tiple fractures involving the
		(C)		
KA	efully	OTHER SIGNIFICANT COMPUTIONS CON T		the tiple of the second of the
THIS	는 내	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	V '3	
WHILL	8	IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION CAUSE OF DEATH, ENTER IN DAPT 1 OP PART, IL	N 19	98. CONDITION FOR WHICH OFERATION 20. AUTOPSY? VAS PEREORMED 20. AUTOPSY?
0 % V	13 4	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY C	OCCURRE	ED 21F. HOW DED INJURY OCCUR?
	nat	22 Committee that I took about a fith work	AT WORK	K L Ponting
TYPE	information	found that death resulted from: Natural causes	rroea ac	above, held an Autopsy I, Inspection , Inquiry , and Accident , Suicide , Homicide , Undetermined
PLEASE		manner . / / /		
PLE	em of	29A. SIGNATURE	M.	236 CHIEF MEDICAL EXAMINER 236. DATE SIGNED ASSISTANT MEDICAL EXAMINER 2-24-55
	# 2			RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
	- F	ATE RECEIVED BY REGISTRAR'S SUNATURE		CEX CATHOLIC TRENTON, N.V.
		DOCAL REGISTRAR	6	Hopping + Kirklif , Gler Burnie Md
	a Hamilton			

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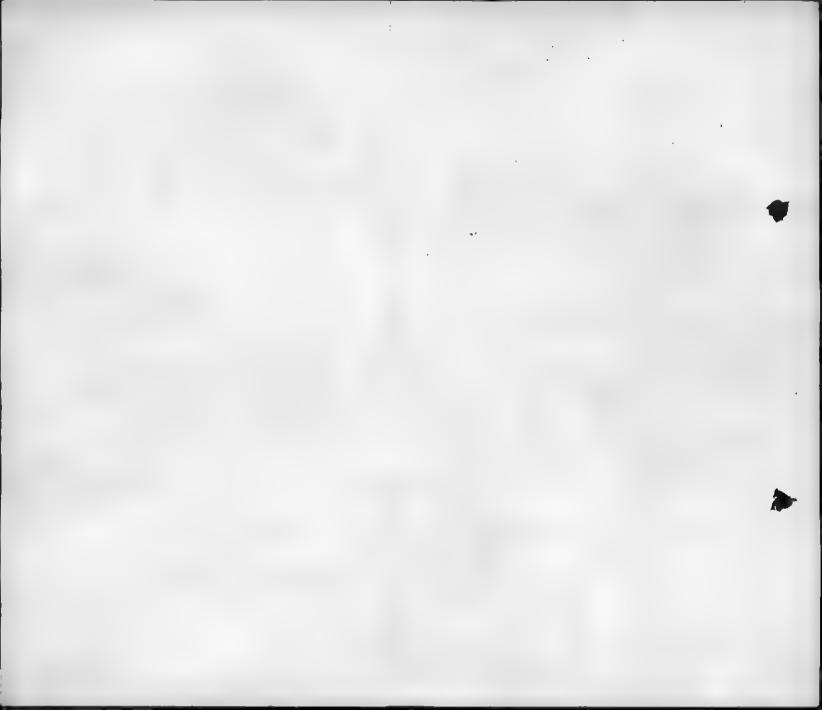
[-		1367 CERTIFICATI	E OF DEATH Reg. Dist.	No	
ully ly.		I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED		
carefull legibly.		county Arrundle MARYLAND	STATE 15d COUNTY ATTH		
item of information carefully of death clearly and legibly.		OR and give nearest town) TOWN SARATATIN 16	OR	id give nearest town)	
tion		0.001111.00	STREET (If rural give location)		
ma		HOSPITAL OR INSTITUTION OR	ADDRESS (II tutal give location)		
nforma		STREET ADDRESS Lonta-2-Pox-54 A.	Forte-2-Pox-54		
in		B. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (D	ny) (Year)	
m of i		(Type or Print) RAV. JOHN UGLESDY	DEATH: Feb-21-		
em d		RACE: WIDOWED DIVORCED.	OF BIRTH: 9, AGE last birthday IF UNDER 1 YE	IAR IF UNDER 24 HRS. Hours Min.	
		ole (Specify) inted Se	77 =] , G.C. 51, yrs.		
Supply every te the causes	1	OA UAL OCCUPATION (Give kind of 108 KIND OF BUSINESS done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT	
ev cau	1	Cemedit Finisher Gen. Building	Oprlie S.C. U		
ply he		3. F. THER'S NAME:	14 MOTHER'S MAIDEN NAME:		
Supp te th		John Oglesby	Mertha Oglestv		
. "		B. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS		
Z of 10 of service) Hotte Rescie Uniterly Service					
GI	1 1	18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN	
Ž	Š.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
ADING S: ples	: 1	MANEDIATE CAUSE (A) Coronau	Baluin		
IF A		IMMEDIATE CAUSE DUE TO			
UNF		ANTECEDENT CAUSE (8)	- Ochumin - Varantin & seino	4412	
		GIVING RISE TO THE ABOVE CAUSE DUE TO			
pinel.	- 1	STATING UNDERLYING CAUSE LAST.			
N tu	<u> </u>	I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
2	3	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
AINLY, W	<u> </u>	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	DN	20. AUTOPSY?	
- 3	- 4	none none		YES NO.	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?				
WRITE	3 '	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
/RJ	3	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?		
,	2				
OR	200	22. reby certify that I attended the deceased from De	17th, 195 to fet 20, 195 9 that I last	saw the deceased	
	NS NS	on Ful 20., 1956, and that death occurred at	t // P. M. from the causes and on the date	stated above.	
TYPE	ect.	'ATURE	ADDRESS	E SIGNED .	
	L	E. Modernte Amoley	M.D. 72 Mellical Carb Blog Per Servatory of CREMATORY LOCATION PRINTED TO SERVATORY OF	Ballman	
ASE	ខ	23 HAL, CREMATION, DATE THEREOF NAME OF CEME	PERY OR CREMATORY LOCATION WILLY TOWN, OF	(State)	

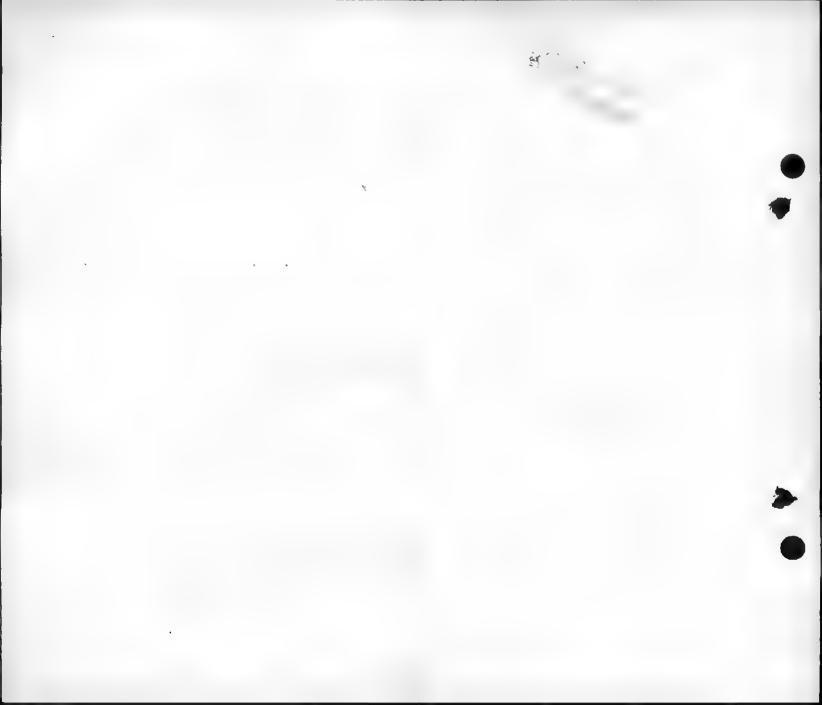
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VS. AIII - 10 - 53

Frank 25-1956

REGISTRAR'S SIGNATURE





TO ATTENDING PHYSICIAM

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL REBIDENCE (HOME) OF DECEASED
COUNTY (1), A. CO. MARYLAND	STATE MILL COUNTY Q Q CV.
CITY (If outside corporate limits, write RURAL LENGTH OF STA'	Y CITY (If outside corporate fimils, write RURAL and give matest town)
OR and glyenBarasi town) (in this place)	TOWN A TOWN
HOSPITAL OR	STREET (It, grant give location)
INSTITUTION OR STREET ADDRESS 30/17	ADDRESS
2000000	(Lest) 4. DATE (Month) (Dey) (Year)
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print)	Phillips DEATH 2 6 1956
5. SEX 6. COLOR OR 7 SINGLE, MARRIED, WIDOWED, DIVORCED, 0	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR Months Deys Hours Min.
10a USUAL OCCUPATION, (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done dwist most of working life, even if retired) OR INDUSTRY	Maryland Country
13. FAMHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Phillips	Mary Louise Tray
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY (Your fibr or unk.) (If Yas, give wer or dates of service) 61 / 1/2/2	NO. 17. INFORMANT & ADDRESS
212-14-0	0496 Cva Milling - 32 Tarale St. Come. Mr.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION NITERVAL BETWEEN ONSET AND DEATH
222 / Chrehr	of Throntons ? days
h margarite coast	3 1
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	
GIVING RISE TO THE ABOVE CAUSE DATE TO	
STATING UNDERLYING CAUSE LAST. (C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO []
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) [Hour] 21a, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from.	19, 19, 19 last saw the deceased
alive on	rred at
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
M. M.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, lown, or county) (Sista)
Gerial + SETTLE FOR	wher Best Jate, ml.
24. REC'D BY REGISTRAR REGISTRAN SANETURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 2 15.1956 111 - 0.0 mice	(1) William Rosse II amand mi
	The state of the s

2 1 1

REGISTRAR'S SIGNATURE

25

REC'D BY REGISTRAR

DATE

(Day)

(Year)

19

Hours

CITIZEN OF WHAT

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

YE\$

ADDRESS

NO

(State)

DATE SIGNED

(Stata)

COUNTRY?

IF UNDER 24 HRS

- 1 si No at the factors is an are

3		I	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01335
•	V		1326 CERTIFICATE OF DEATH . Reg. Dist. No. 2/
Page 4 director, iled with	W	1,	PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND D. COUNTY O. STATE ARYLAND D. COUNTY O. STATE O. S
r death. funeral		1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
turs offe by the od 2 sho	(BLS	1	d. NAME OF HOSPITAL (If not in-hospital, give street address) OR INSTITUTION 30 PRINCE GEORGE ST 130 PRINCE GEORGE ST YES NO BY
hin 24 ha filled in ages 1 on	M	3.	NAME OF DECEASED (Type or print) MARCARE + Middle REVELL 9. DATE OF DOY YEAR 96 1956
The state of the s		3	SEX 6. COLOR OF RACE 7. MARRIED NEXER MARRIED 8 DATE OF BIRTH 9. AGE (In years lethyday) Months Days Hours Min. WIDOWED DIVORCED 12/29/1882 9. AGE (In years lethyday) Months Days Hours Min.
execute and comp on pape	/	L	BOOK, Nucleur Tousday Williams BOOKKEEPER 19RY FAND 12. CITIZEN OF WHAT COUNTRY?
sician c			MARTIN FANNEN REVELL SUSANAH SANDS
ing phy e remain	(1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (19 yes, give wor or dofus of service) 214-05-071/1 MRS CLIL-TON C. HOSS ## 2
attending			PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) a Coult Condiae Failure IMMEDIATE CAUSE (o)
s that if d by the mit. The			Conditions, if ony, which) (b) Comarstin Hart Dissan Chanting
require ion. n signe isit peri			gove rise to immediate cotise (a), stating the under lying cause tost. DUE TO My o Car Ditis Beaucal yrs.
the law physici has bee rial-tran	0	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: 1 ending ficate the bu		CEOTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 2 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC ol oth the strain r use as		ASDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) foctory, street, office bldg., etc.)
NDING e haspite : After ched fo			21. I certify that I attended the deceased from Jan to 1956, ta 1956, to 1956, that I last saw the deceased alive an 1956, and that death accurred at 925 P.M. from the causes and on the date stated above.
R ATTE			ACTUAL SIGNATURE & Oliver Luncis M.D. 40 Fraul Circ St. alleren in Mr. Hoffer
retaine RAL Di shauld	i.		PHYSICIAN'S J. Oliver Purvis
may be page 3	9	É	O. BURIAL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMBERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
VS A1S (4) 15M 9/55		Ž.	FUNERAL DIRECTOR'S GIGNATURE OKY 10 10 10 10 10 10 10 10 10 10 10 10 10
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DIRECTOR: The law requires that the

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TO FUNERAL

be retained by the hospital

death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1369 CERTIFICATE OF DEATH

01336

Reg. Dist. No..... PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE (If outside corporate limits, write RURAL and give persent town) (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN TOWN STREET (If rurel give location) HOSPITAL OR INSTITUTION OF **ADDRESS** STREET ADDRESS 3. NAME OF (First) Middle (Last) DATE (Month) OF DECEASED (Type or Print) DEATH Clarence Rhineha 5. 5EX COLOR OR SINGLE, MARRIED AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED Months Days Hours (Spacify) 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS CITIZEN OF WHAT BIRTHPLACE (State or foreign country) OR INDUSTRY done dyning-most of working life, guen COUNTRY ? 1121016 13, FATHER'S-NAME 14. MOTHER'S MAIDEN NAME fransit 15 / WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yos, no or unk) (If Yas, give wer or dates of service) burial INTERVAL BETWEEN ONSET AND DEATH DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cancer of lung IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, faciled for GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. defacilled II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH å 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES | NO [21c. WHERE DID INJURY OCCUR? (City or town) 210. ACCIDENT WAS UNDERLYING IT 21b PLACE (Homa, farm, factory, (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY straat, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) \q_____ 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) 21a. INJURY OCCURRED (Year) While Not while at work at work 22. I hereby certify that I attended the deceased from April, 19.53..., to February, 19.56..., that I last saw the deceased certificate ADDRESS (Street, city, town, state) A15C 1-55 10M M.D. Hanover St. Zone25 BURIAL, EREMATION, NAME OF CEMETERY OR CREMATORY 25.) FUNERAL-DIRECTOR'S SIGNATUR REC'D BY REGISTRAR REGISTRAR'S SIGNATURA

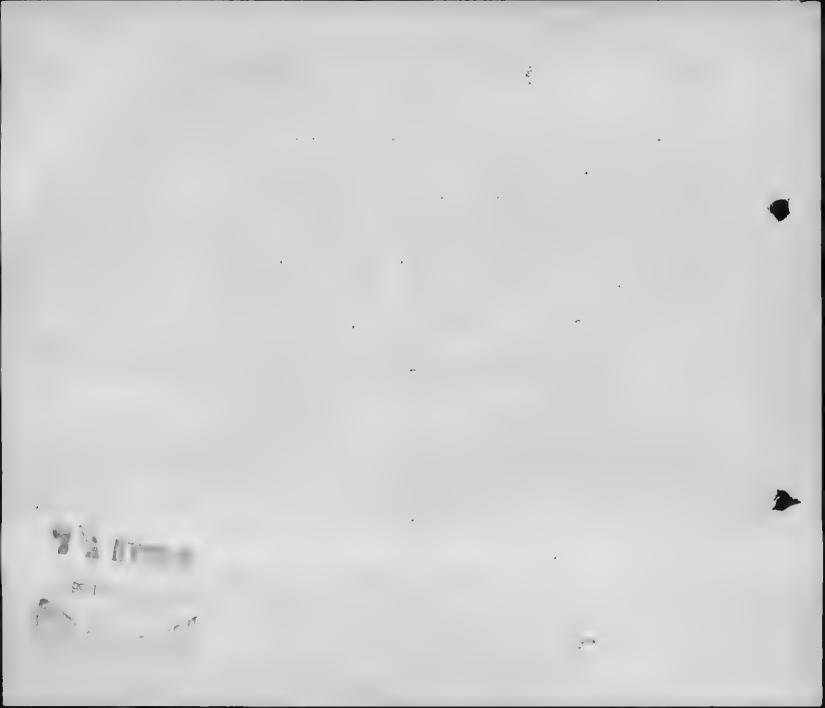


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAM	MINER'S	CERTIFICATE	OF.	DEATH	No. 2. 9
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THE STATE OF THE S	THE TOTAL OF THE PARTY NO. 15 AMERICAN
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWNP O Glen Burnie Few minutes.	TOWN P.O.Glen Burnie
HOSPITAL OR In Stoney Creek off View Point STREET ADDRESS Shore.	STREET (If rural, give location)
	Bright Water Beach
S. NAME OF (First) (Middle) DECEASED: (Type or Print) Ralph William Robonson	(Last) 4. DATE (Month) (Day) (Year) OF DEATH February 1/4th 19 56
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI Male While (Specify): Married 3/8	9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of work life INDUSTRY: even if retired): Hectrician (Ferchant Marine.)	Grefton, W. Va. U. S. A. U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Robinson	Martha Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) (1440 5/12) 236-27-5317	Mrs. Mary Robinson (Wife)
18. MEDIC	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DRATH
Immediate cause (a) Accidental Drawning	
Antecedent causc(s)	
Diseases or conditions, if any, (b)	THE THE THE PART SHIPPING HIMBER TO SHIPPING HAVE HAVE BEEN AND THE TAXABLE PARTY OF THE PARTY O
giving rise to the above cause DUE TO stating underlying cause last	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a, DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No □ K
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	21c. (City or town) (County) (State)
PRIMARY [] or CONTRIBUTING [] OF STEE OFFICE BY COLUMN INJURY STORY OF STEEL OF DEATH.	Off View Point Shore, A.A. Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY2/14/56 5 10 P M. work at work	Drowning
	oed above, held an Autopsy 🗖, Inspection 🛅, Inquiry 💆, and
find that death resulted from: Natural causes [], Accid	lent 🔼, Suicide 🗌, Homicide 🔲, Undetermined cause 🗍.
SIGNATURE Starl X facilier (1)	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
REMOVAL (Specify)?	Y OR CREMATORY LOCATION (City, town, or county) (State)
12 may 7e6.21/56 / Jallo. 1/a	24. FUNERAL PIRECTOR
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	15 Voingliton Stan Branch Miles
per of	and the second



registrar within 72 hours after death. After this by the funeral director, the third copy of this

£ .5

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

S PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1371 CERTIFICATE OF DEATH

Reg.	Dist.	No.
Mr en 524		# # Ab at 1

1 2. USUAL RESIDENCE (HOME) OF DECEASED

/ /	
COUNTY A 1220 Secondy MARYLAND	STATE MOUNTAND COUNTY forme flows dol
CITY (If outside corporate limits, while RURAL LENGTH OF STAY OR and give negrest town) (In jhis place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR
TOWN (1) // (P(1))	TOWN MI MAN 1/2 (IPED)
HOSPITAL OR	STREET (Il rural give location)
INSTITUTION OR STREET ADDRESS A H	ADDRESS Crain House
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
DECEASED /2	or or
(Type or Print)	phineton DEATH tob 15 1951
RACE WIDOWED, DIVORCED.	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
femule white (Specify) Wide w Jane	2 2 9, 18 3 7 9 6 yrs. months boys 10015 19111.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired Hanewark (ret) Cidn Home	E-E-Co. 140+xland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Trouble stand	15.12 11.1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS
10 - 100ne	14ts-1vit Framphory Millers ville 14
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (A) CORT- 110 - 110	STEPS.
DU0 70	3(2-16) J/3(2) E
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
I miched Birn	YES NO
21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	And the second s
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
M, at work 1	
	, 19 3 5, 10 6 8 8
alive on 15 de 12, 19 3 6, and that death occurred a	M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Streat, city, town, state) DATE SIGNED
Jame S. Billingsley M.D.	108 Control Con- Illow Beach Md. Fof 15.15
23 BURIAL, CREMATION, DATE THIREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
	ven 13. 2 21/10
24 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
pare - D. M. Grane	109 1 - 10 - 9h S. 10 Md.
PAIR- C. 1 1 ON VIII / O'CO	The state of the state of the

A 4 5

25 AA 11 12 14

ATTENDING PHYSICIAM OR HOSPITAL: The law requires that the death certificate

The bottom copy may be retained by the hospital or attending physician,

A15C 1-55 10M

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MSTRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1327CERTIFICATE OF DEATH

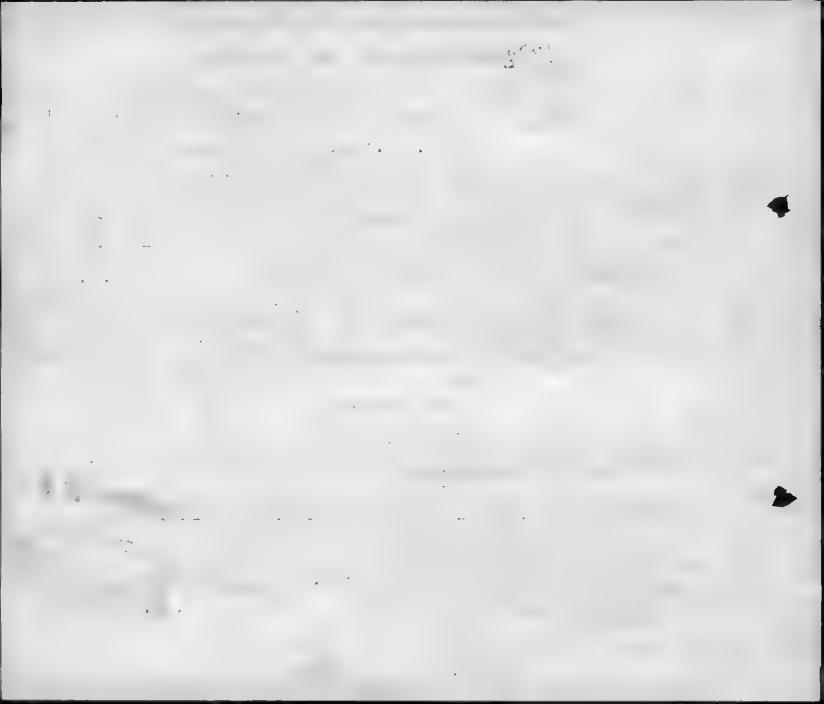
01339

Item 3, Filr 3123 3-7-56 et			Reg	g. Dist. No.	21
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DEC	CEASED	
COUNTY Anne Arundel.	MARYLAND	STATE Marylan	county	AA	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN ANNA POLIS	LENGTH OF STAY (in this place)	CITY (If outside corporation Town Anna	e limits, write RURAL and polis	give neerost town	n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Annapolis, Md		STREET ADDRESS 20 Horn	(If rerel give	location)	f-3-
DECEASED	Aiddle) (n)	CECILIA CECILIA	4. DATE (Month) OF DEATH Feb		7 (Year) 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO	ABCED 1	2-82 9.		Months Days	Hours Min.
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or foreign Denma, rk	country)		EN OF WHAT
13. FATHER'S NAME Jens Christain Lykke 14. MOTHER'S MAIDEN NAME Kirsten Grandslow					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (11 Yes, give wer or dates of service)	SOCIAL SECURITY NO.	USNH Recor			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI	RTIFICATION			ERVAL BETWEEN
	Infarct, Cere	bral #332			
mouthivite evode (v)	LILITATOS, OCTO	DIGI II JJA			Days
ANTECEDENT CAUSE(S) DUE TO Cerebral Arteriosclerosis					
GIVING RISE TO THE ABOVE CAUSE LAST. STATING UNDERLYING CAUSE LAST. (C) Hypertensive Cardiovascular Disease					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.					
190, DATE OF OPERATION 196, MAJOR FINDINGS O	F OPERATION				O. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED VALUE Not white At work at work					
22. I hereby certify that I attended the deceased from 25 February 56, to 27 February 56, that I last saw the deceased					
alive on 27 February 56 and that death occurred at 3:50a M, from the causes and on the date stated above.					
ADDRESS (Street, city, town, state) DATE SIGNED					
M.D. U.S. Naval Hospital, Annapolis, Md. 27 Feb. 1956 27. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOGATION (City, town, or county) (Stele)					
Bural month national Cent Composition med					
24. REC'D BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE Feb. 29, 1956 A Company of the Company of th					

"S" A CVI.

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METRUCTION

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1328 CERTIFICATE OF DEATH

01342

Reg. Dist. No. 21

72						
1	PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DEC	EASED	
1	county anne arundel	MARYLAND	STATE Mary	land county A	LA.	
-	CITY (If outside corporate limits, write RURAL OR and give negrest town)	LENGTH OF STAY	CITY (if outside corpor	ate limits, write RURAL end	give nearest town)	
1:	TOWN Severn 1-d	(in this place) 8 MO.	TOWN Severn	Md.		
	HOSPITAL OR		STREET ADDRESS	(If rural give k	•	
1,	STREET ADDRESS U.S. Naval Hospit	tal, Annapolis, Md.	New Cut Ros	id, Severn, Mo	i.	
3.	NAME OF (First) DECEASED 1	(Middle)	(Lest)	4. DATE (Month)	, , ,	(Yeer)
	(Type or Print) Frank	(N) SHAME	BURGER	DEATH Febr	ruary 10	19 56
5.	SEX 6. COLOR OR 7. SINGLE, I	MARRIED, 8. DATE OF	BIRTH		F UNDER 1 YEAR	IF UNDER 24 HRS
1	M RACE WIDOWE (Specify)	M 8-14-	-98	57 yrs. M	fonths Days	Hours Min.
10			11. BRTHPLACE (Steta or foreig	in country)	12. CITIZE	N OF WHAT
	done during most of working life, even if refired) U.S. Na.Var	OR INDUSTRY U.S. IV.	Miss.		COUN	103
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME		
	John Wesley SHAMBURGER		Hattie Bar	Low		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		-
	ves 1917-36:1941-45	212 05 9802	U.S.Naval	riospital, Re	cords	
		18. MEDICAL CER	TIFICATION	Tax Bish.		RVAL BETWEEN
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DE		795		1	ET AND DEATH
'	IMMEDIATE CAUSE (A)	ASPRIALA #	777		Te	rminal
	ANTECEDENT CAUSE(S) DUE TO	SUPPURATION, L	UNG, CHRONIC #	521	8	mo.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE		·····				
51	ATING UNDERLYING CAUSE LAST, DUE TO	SLLTCCoIs, wil	ICOPIC OCCULAT	IUNAL # 523	8	mo.
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19		INGS OF OPERATION				. AUTOPSY?
					YES	
OF	ACCIDENT WAS UNDERLYING 216. PLACE CONTRIBUTING CAUSE OF DEATH OF INJURY &	(Home, farm, fectory, reat, office bldg., etc.)	ic. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
214	I. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M.	21a. INJURY OCCURRED Whila Not whila at work el work	II. HOW DID INJURY OCCUR	?		
2:	2. I hereby certify that I attended the	deceased from 8-16-	19.55 10. 2-1	0- 19.56	that I last say	v the deceased
	/alive on 2-10- 1956					
	ASIENSTURE /	_	ADDE	ESS (Street, city, fown, s	rfele) E	ATE SIGNED
	H. H. LOAUN CLR MC USN	M.D. U.	S. Naval Hospit	al, Anna polis	, ild. 2-	11-56
23	BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, o	or county)	(Stete)
	Burial F.b. 13	56 Glen Haven (25. FUNERAL DIRECTOR'S	Glen Burnis	Maryl:	and
24	REC'D BY REGISTRAR REGISTRAR'S SIGNA	TORE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
DA	Feb.13,56	Marial	HOPPING FUNER	IL HOME ANNI	APOLIS, 1	D.

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S 'A AVTHOR

THA TELDER

TO FULL CHIESTOR: The law resultes that the death certificate be filed with the registrar within T. Fulls after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

Y\$ A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01343

1329 CERTIFICATE OF DEATH

	Reg. Dist. No 2. 1		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Anne Arunde L. MARYLAND	STATE M.D. COUNTY A.A.		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (it outside corporate Simits, write RURAL end give nearest town)		
TOWN Annapolis. Tokals.	TOWN MAGOTHU Reach		
HOSPITAL OR INSTITUTION OR ANNE AvandeL	STREET (Il rural give location)		
STREET ADDRESS Genetosp Annavol	C ADDRESS SOVEYND Part		
3. NAME OF (First) (Middle)	(Last) DATE (Month) (Day) (Year)		
DECEASED	DEATH Feb 24 (917		
046,46,508,7569	IC V G T 3.		
RACE WIDOWED, DIVORCED,	Months Days Hours Min.		
(Specity) Placered 17 t	eb 1882 / 41151		
10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS done during most of working life, even if OR INDUSTRY	11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?		
retired) FISherman Fishing	BALIO, MD u.S.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
12 10 10 10 10 10 10 10	Elia Turlul.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yas, no, or unk.) (If Yas give wer or dates of service)	To Mrs Sheckels Beacity		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH		
6/0x IMMEDIATE CAUSE (A) (D) CIrculatory Collapse.			
ANTECEDENT CAUSE(S) DUE TO STORE TO STO			
DISEASES OR CONDITIONS, IF ANY, (B)	1 Zed 13 Leeding		
GIVING RISE TO THE ABOVE CAUSE DUE TO FOND ON THE STATING UNDERLYING CAUSE LAST.	cy- Postoperative		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE	zed Arterioscleriosas		
DISEASE OR CONDITION CAUSING DEATH.	20. AUTOPSY?		
19 Feb SG ENLarged Pro	VES NO X		
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, factory, 32)	Tc, WHERE DID INJURY OCCUR? (City or town) (County) (State)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	*		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while	PIF. HOW DID INJURY OCCUR?		
M. af work			
22. I hereby certify that I attended the deceased from	19.55 , to 24 Feb. Sa 19, that I last saw the deceased		
alive on 23 Fe h, 19 5 Comm., and that death occurred at.	470 M, from the causes and on the date stated above.		
A THITTANDIE	ADDRESS (Street, city, lown, state) DATE SIGNED		
(to Hackry), M.O. 5	severne Voult, mi 24 Febri		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stote)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	229 TB modelle on PAD mode		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE		
1956 May 4 Land	1 1 ma Till 23 176		
VIII. I VIVIVIV	3 F The		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. legibly, 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Corre chree COUNTY Change (4 CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITYIII outside corporate limits, write RURAL and give and give nearest town) and (in this place) information OR TOWN allen TOWN anover early HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS C 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) eath DECEASED: of (Type or Print) DEATH: item P 5. SEX COLOR OR 17. SINGLE, MARRIED. 8. PATE OF BIRTH. 9. AGE last birthday RACE: WIDOWED, DIVORCED. Months Days (Specify): Hours causes USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS (State of foreign country): 112. CITIZEN OF WHAT NOUSTRYPLACE work done during most of working life. even if retired) and COUNTRY? Supply 13. FATHER'S NAME 14. MOTHER'S MAIDEN 16. BOCIAL BECURITY NO. 17. LAFORMANT & ADDRESS: 13. WAS DECEASED EVER IN U.S. ARMED FORCES! 7 (Yes, no, or unk.) (If Yes, give war or dates Z othervice) 22 217-03-1015 ea 18. MEDICAL CERTIFICATION O INTERVAL BETWEEN Z 굽 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ans (A) DUE TO ANTECEDENT CAUSE (5) sici DISEASES OR CONDITIONS, IF ANY, (B) Phys LTH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING importa TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [NO Z P 21A ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while at work at work 62 \simeq 0 1955 7-3. 1956 that I last saw the deceased 22. I hereby certify that I attended the deceased from Prove 18 国 60 alive on He . 1956, and that death occurred at TYP D. M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED M. D 圍 CREMATION. BURIAL NAME OF CEMETERY OR CREMATORY 2 LOCAPTON county) (State) REMOVAL (SPECIFY) 区 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE



OR HOLITAL: The law equires that the death contificate to The bottom copy may be retained by the hospital or attending physician.

TO THERAL DIMECTOR: The law requires that the death certificate be filed with the registrar within The Theorem death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. V\$ A15C 1-55 10M

1374	Reg. Dist. No		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Anne Amende MARYLAND	STATE MAI-Y/and COUNTY Anne Arunda		
OR end give negrest town] CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (if outside corporate limits, write RURAL and give nearest town) OR		
TOWN Peradena R.F.D. 8 years	TOWN Pasadena P. F.D-		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Recd	STREET (Ill rural give location) ADDRESS / Mountain Rock		
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Lest) 4. DATE (Month) (Day) (Yeer) OF DEATH FOB. 20, 1956		
JAKAK VOUISA	TE OF BIRTH 9. AGE lest birthdey JF UNDER 1 YEAR IF UNDER 24 HRS.		
Fomoli White (Specify) Under OC	7-10-1870 85 yrs. Months Deys Hours Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even to retired) House work (ret.) 10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Amna Arandel Co. Md. 12. CITIZEN OF WHAT COUNTRY? 4.5, A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John F. Ellisan	Sorah E-Osboine		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT & ADDRESS IN TELESTRIP		
(Yes, no, or unk.) (If Yes, give wer or deles of service) Name	William Stallings Paradema P.D. 14		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
act 1 and a fine			
IMMEDIATE CAUSE (A) GCILLE TRULTMANY SAME 12 HOUR			
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	noi known		
17 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	dejo teles 2months		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION U	20. AUTOPSY?		
	YES NO		
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF ETHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Wille M. Hot while et work	211. HOW DID INJURY OCCUR?		
	19.24 Stanto Blue 20 19.24 that I last saw the deceased		
alive on Eldu 20, 19.22, and that death occurred			
1. 11. 110 Laughlin M.D.	Pasadesce, Mu, Feb. 20, 196		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town, or county) (Siete)		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Larch Company Signature Address Address		
DATE LOUIS LACE LOUIS & De alban	Il dentity Gertsurie Mi.		



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Reg. Dist. No.

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
41 14.	Md 111
COUNTY MARYLAND CITY (If autside corporete limits, write RURAL LENGTH OF STAY	STATE COUNTY CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town! / /in/fals place)	OB 16
STOWN BIOCKIYN YEARS.	TOWN 10100181414
HOSPITAL OR INSTITUTION OR 113 EUGECALE RO	STREET ADDRESS 113 E Sige (A) 10 Pd.
3. NAME OF DECEASED (First) (Middle) (Type or Print) (12 Aluc 71, Aluc 77,	(Last) 4. DATE (Month) (Day) (Yeer) OF DEATH). 8 19 3 6
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE fast birthday IF UNDER 1 YEAR IF UNDER 24 HRS
RACE / WIDOWED, DIVORCED, (Specify)	1 - 69 C yrs. Months Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	11. BIRTHPLACE (Slete ge foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10 Consons	? Anderson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, ne or Lunk.) (If Yes, give wer or dates of service)	" - 1 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1743X IMMEDIATE CAUSE (A)	ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO	· to a wear of the
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
Zid. TIME OF INJURY (Month) (Day) (Yeer) (Hour) Zie, INJURY OCCURRED While Mr. Bit work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19 27 to
alive on 19 on 4 and that death occurred a	
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
The specific min.	3464 Billion 121 211 16
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
REMOVAL/SPECIFY) 3/11/3 6 19/6.8 (100	acrosque Builo
24. REC'DAY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7 1 1 0 11 014	Malally Finesal Home

NSTRUCTIONS

executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has line enecuted by the same in a physician and completely filled in by the funeral director, the third comy of this death mertificate assembly should be described for use as a limital transit permit. The bottom copy may be retained by the hospital or attending physician.

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1. PLACE OF DEATH

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DIRECTOR:

FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME) OF

CERTIFICATE OF DEATH 1331

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Reg. Di	ist. No	21
DECEAS	ED	
TY S	2. 0.	Co.
L and giva	naerest town)	
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give location	on)	6 11
ea	t s	L.
Month)	(Day)	(Yaar)
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	-/	101 🖟

(N outside corporale limits, write RUR/ COUNTY MARYLAND (If outside corporeto limits, write RURAL and give barest town) LENGTH OF STAY CITY OR (in this place) OR TOWN TOWN HOSPITAL OR STREET **ADDRESS** INSTITUTION OR STREET ADDRESS (Last) 3. NAME OF (Middle) 4. DATE DECEASED OF DEATH (Type or Print) COLOR OR SINGLE, MARRILD DATE OF BIRTH AGE lest birthdey IF UNDER TYEAR IF UNDER 24 HRS. 6. WIDOWED DIVORCED. Months Hours Deys (Specify) 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS CITIZEN OF WHAT BIRTHPLACE (State or foreign country 12. done duping most of working life, even if OR INDUSTRY COUNTRY? Eusewe TATHER'S NAME 14. MOTHER'S MAIDEN NAME SOCIAL SECURITY NO. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT & ADDRESS (Yes, at, or link.) (If Yes, give wer or detes of service) INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH "IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T NO 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Nome, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while et work et work to 2 14/0 0, 19 that I last saw the deceased

M. from the causes and on the date stated above. DATE-SIGNED

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23.	RUPLAL	0	REMA	TIO
	REMOV	4.	(SPE	CIFY
/	-	,		

alive on.....

SIGNATURE

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

and that death occurred at

LOCATION (City, town) or county

(State)

REC'D BY REGISTRAR

REGISTRAR'S_SIGNATURE

ADDRESS

1 3 A at or 3.

V\$ A15C 1-55 10M

· MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1378 CERTIFICATE OF DEATH

()1349 Reg. Dist. No. 26

1. PLACE OF DEATH		2. USUAL RESIDI	INCE (HOME) OF D	ECEASED	
COUNTY Anne Arundel	MARYLAND	STATE Md.	COUNTY	Anne Ar	imde 1
CITY (If outside corporete limits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this plece)	CITY (If outside cor	porate limits, write RURAL a	and give nearest town)}
x TOWN Shady Side	2 days	TOWN Saac	lv Side		Υ.
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(H rurel gi	ve locetion)	,
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mor	nth) (Dey)	(Year)
AT . D. L. Al.	ricia T	hompson	DEATH Fe	b. 14	19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV		OF BIRTH	9. A GE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Fem Negro (Specify) In	fant Jan	. 16,1956	yrs.	Months Deys	Hours Min.
	ID OF BUSINESS	11. BIRTHPLACE (Stale or fo	reign country]	12. CITIZ	EN OF WHAT
retired) Infant		Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	N NAME		
George O. Thompson		Maxine	Denny(or	Dennis	?)
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS Grand	father	
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Frank To		y Side.	Md.
- DISTACLE OF CONDITIONS DISTACLY STABLE TO STATE	18. MEDICAL CER			INT	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	· · · · · · · · · · · · · · · · · · ·		,	ON	SET AND DEATH
/ MAMEDIATE CAUSE (A)	roncipol	neu mor	1/7		LUBYS.
ANTECEDENT CAUSE(S) DUE TO	re matur	: 1- 1		,	Marth
DISEASES OR CONDITIONS, IF ANY, (B)	E Malki	rity			175101772
STATING UNDERLYING CAUSE LAST DUE TO					
II OTHER SIGN. FICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e, DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION				0. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homor Contributing 20c) CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, ferm, factory, 2 office bidg., etc.)	Pic. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stele)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. Whi	le Not while	21f. HOW DID INJURY OCC	UR?		
	not	seen by me	in life.		16
22. I hereby certify that detended the dece	-that death occurred at	17 10			
signature)	Hhat death occurred at	SCIENCIAM, from the	causes and on the c DRESS (Street, city, tow		/e. Date signed
FDH enduces	2 MO. of	hady di	de Ma	wand.	2-14-56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (Cily, tow	n/s county)	(State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	er. Ilac	L25. FUNERAL DIRECTOR'	S SIGNATURE	ADDRESS	ela
DATE FIRE 22-10 Belle	Dent	Bernard	Q. Theres	ty The	ville Mid
				/	



\$ 4 4 \$ the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING PHYSICIAN

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

NSTAUCTIONS

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Film G193 2-29-CERTIFICATE OF DEATH

13

Reg. Dist. No....

RACE WIDOWED, DIVORCED, Specify Divorced, Ispecify	5 = Y	1. PLACE OF DEATH	2. USUAL RESIDENCE (HO	ME) OF DECEASED
CITY (If outside corporate limits, write RURAL and give nearest lown) OR and give location OR and give location OR and give nearest lown) OR and give location OR and gi	To a large	COUNTY Transfer Assessment	TATE BY LANDA.	COUNTY A A
HOSPITAL OR INSTITUTION OR STREET ADDRESS STR	3 3	CtTY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corperete limits,	write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS STR	O CO		OR 1	- marine in the second
ADDRESS ADD		X Stantifell 1 12 1 21 211	- cemi-a	
DEATH 76 1 1900 Type of Print) S. SEX 6. COLDE OR RACE WIDOWED, DIVORCED, ISPACING CONDITION (Give kind of work done during most of working life, evan it relited) 100. USUAL OCCUPATION (Give kind of work done during most of working life, evan it relited) 11. SINTHPLACE (Stella or foreign country) 11. SINTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MANE 15. WAS DECEASED EVER IN U. S. ARMED FORCES & II. SINTHPLACE (Stella or foreign country) 15. WAS DECEASED EVER IN U. S. ARMED FORCES & II. SINTHPLACE (Stella or foreign country) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (II Yes, give war or delea of service) 18. MEDICAL CERTIFICATION NITERYAL BETWEEN ONSET AND DEATH 19. DATE OF OPERATION (B) 19. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION (COUNTRY) (Siele) 19. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION (Siele) 20. AUTOPSY? YES NO. 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (Siele) 21. OF INJURY Sieles, edifice bidg., etc.) 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE) 21. OF INJURY Sieles, edifice bidg., etc.) 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE ANAMER! 22. AUTOPSY? YES NO. 23. AUTOPSY? YES NO. 24. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE) 21. OR CONTRIBUTING CLAUSE ANAMER! 22. AUTOPSY? YES NO. 23. AUTOPSY? YES NO. 24. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE) 22. AUTOPSY? YES NO. 23. AUTOPSY? YES NO. 24. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE ANAMER!) 24. OR CONTRIBUTING CLAUSE ANAMER! 25. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE ANAMER!) 26. OR CONTRIBUTING CLAUSE OF DEATH 27. OR CONTRIBUTING CLAUSE OF DEATH 28. OR CONTRIBUTING CLAUSE OF DEATH 29. DATE OF OPERATION (SIE		INSTITUTION OR		fit tenes diam locations
DEATH 76 1 1900 Type of Print) S. SEX 6. COLDE OR RACE WIDOWED, DIVORCED, ISPACING CONDITION (Give kind of work done during most of working life, evan it relited) 100. USUAL OCCUPATION (Give kind of work done during most of working life, evan it relited) 11. SINTHPLACE (Stella or foreign country) 11. SINTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MANE 15. WAS DECEASED EVER IN U. S. ARMED FORCES & II. SINTHPLACE (Stella or foreign country) 15. WAS DECEASED EVER IN U. S. ARMED FORCES & II. SINTHPLACE (Stella or foreign country) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (II Yes, give war or delea of service) 18. MEDICAL CERTIFICATION NITERYAL BETWEEN ONSET AND DEATH 19. DATE OF OPERATION (B) 19. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION (COUNTRY) (Siele) 19. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION (Siele) 20. AUTOPSY? YES NO. 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (Siele) 21. OF INJURY Sieles, edifice bidg., etc.) 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE) 21. OF INJURY Sieles, edifice bidg., etc.) 19. DATE OF OPERATION (Siele) 21. OR CONTRIBUTING CLAUSE ANAMER! 22. AUTOPSY? YES NO. 23. AUTOPSY? YES NO. 24. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE) 21. OR CONTRIBUTING CLAUSE ANAMER! 22. AUTOPSY? YES NO. 23. AUTOPSY? YES NO. 24. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE) 22. AUTOPSY? YES NO. 23. AUTOPSY? YES NO. 24. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE ANAMER!) 24. OR CONTRIBUTING CLAUSE ANAMER! 25. OR CONTRIBUTING CLAUSE OF DEATH 19. DATE OF OPERATION (SIELE ANAMER!) 26. OR CONTRIBUTING CLAUSE OF DEATH 27. OR CONTRIBUTING CLAUSE OF DEATH 28. OR CONTRIBUTING CLAUSE OF DEATH 29. DATE OF OPERATION (SIE	i High			
Type or Print) S. SEX G. COLDE OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify) LINE OF MAINT COUNTRY? S. SEX G. COLDE OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify) LINE OF MAINT COUNTRY? S. SEX G. COLDE OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify) LINE OF MAINT COUNTRY? ID. USUAL OCCUPATION (Give bind of work incline) LID. USUAL OCCUPATION		DECEASED		
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 110 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 111. BIRTHPLACE (Stein or foreign country) 112. CITIZEN OF WHAT COUNTRY? 113. FATHER'S NAME 114. MOTHER'S MADDEN NAME 115. WAS DICEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT & ADDRESS (Yos, no, or unk.) (If Yes, give war or deles of service) 118. WEDICAL CERTIFICATION 119. MEDICAL CERTIFICATION NITERYAL BETWEEN ONSET AND DEATH ONSET	호	(Type or Print) James Imar		PATH 7 /- IA IA
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 120. CITIZEN OF BUSINESS 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MADDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. SOCIAL SECURITY NO. 18. WEDGEL CERTIFICATION NITERYAL BETWEEN ONSET AND DEATH ONSET AND DEATH OF STATING PURPORTY OF CAUSE LAST. DUE TO 18. SOCIAL SECURITY NO. 19. MEDICAL CERTIFICATION NITERYAL BETWEEN ONSET AND DEATH OF STATING PURPORTY OR CAUSE LAST. DUE TO 18. SOCIAL SECURITY NO. 19. MEDICAL CERTIFICATION NITERYAL BETWEEN ONSET AND DEATH OF STATING PURPORTY OR CONDITIONS, IF ANY, (B) AUTHORITY OR CAUSE LAST. DUE TO 19. DISEASES OR CONDITIONS CONTRIBUTING TO THE BEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING BEATH. 190. DATE OF OPERATION 190. MAJOR FINDINGS OF	y -	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	BIRTH 9. AGE Is	
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22. I hereby certify that I attended the deceased from Mark it All, 19, to	PEC een ass	22. I hereby cortify that I attended the deceased from Mary it all	(19 to	19 that I last saw the deceased
alive on Mr Atal, 19 and that death occurred at 12 mass, from the causes and on the date stated above.	<u>a</u>		Magine, 5	
m U i	m U			
Louis H. William allemoner Lattien 2-12 1	To the control of the	brill H when allent in	MI. I Li	
alive on Mr Aracl, 19 and that death occurred at 12 Mark, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, lown, state) DATE SIGNI Lucium 2 - / 2 - 5 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) (Steets)	10 C C C C C C C C C C C C C C C C C C C		Action Comments	
PEROVAL (SPECIFY)		1 DEMONAL ISDECIEN		
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A. STEAR OF RELIGIOUS AND I REGISTRANS SIGNATURE	certificate hadeath certificate vs A15C 1-55 10M	Bereal 2/15/56 Cheeved 24. REG'O BY REGISTRAR REGISTRAR'S SIGNATURE	LULES 1 25_FUNERAL DIRECTOR'S SIGNATURE	A ADDRESS

BUREAU V. S.

Jer . .

DECENTED TO

FORTYO A '8'



VS A15C 1-55 10M

executed within 24 Hour

NSTRUCTIONS

4 16

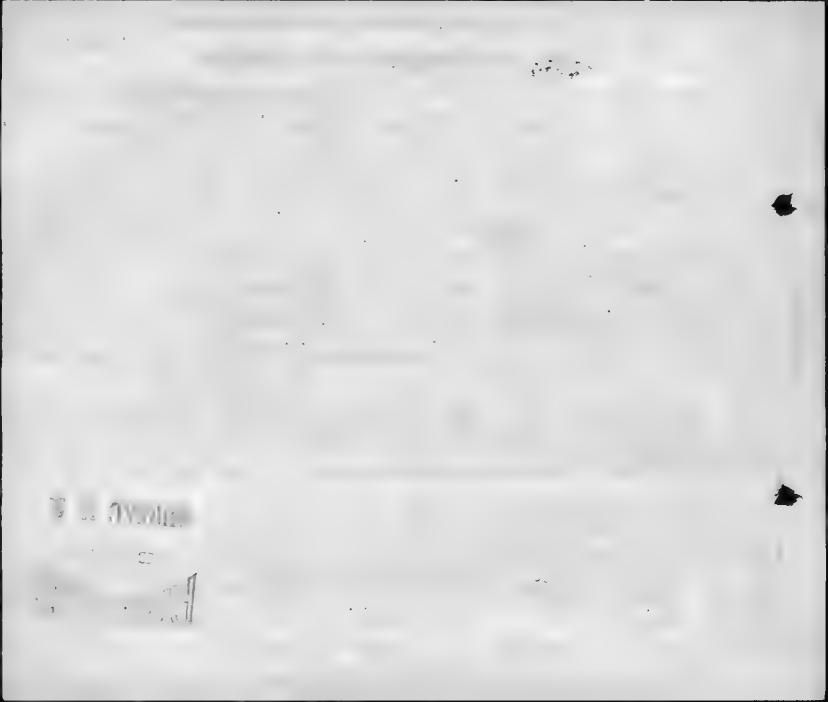
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1333

.01353

Reg. Dist. No...2].....

1. PLACE OF DEA	TH				2. USL	AL RESID	ENC	E (HOME) OF	DECEA	SED		
COUNTY Ann	e Arundel		MARYL	AND	STAT	Md.		COUNT	AA			
CITY (If outside corp	orete limits, write RURA	L	LENGTH OF	STAY	CITY		rporate	limits, write RURAL		neasust to	wn)	
OR and give needs	polis		(In this pl	lys	OR TOW	м Anna	apo.	lis				
HOSPITAL OR					STREE			(If rurel	iva local	tion)		·
INSTITUTION OR STREET ADDRESS	SNH, Annap	olis, Mo	d.		ADDI	18 S	Spa	view Avan	ue			
3. NAME OF DECEASED	(First)		(iddle)		(Last)			4. DATE (M		ĮDa	у)	(Year)
(Type or Print)	william	Ál	nders r	7 ,	on Think	Jr.		DEATH	brua	ry :	50	19 56
	OLOR OR 7. S	NGLE, MARRIED),	8. DATE O	F BIRTH		9.	AGE lest birthday	IF U	NDER 1 YE	AR IF UN	IDER 24 HRS.
	Tu. ((IDOWED, DIVO	OKEED,	16 FJ	bru ry	1956		уп	. Mont	lhs De	ys Ho	urs Min.
10. USUAL OCCUPATION	(Give kind of work		OF BUSINESS	5	11. BIRTHPL	ACE (State or fo	reign	country)	•		TIZEN OF	WHAT
done during most of retired)	working life, even if	GR II	NDUSTRY —		Ma	ryland				Co	OUNTRY?	US
13. FATHER'S NAME					14. MO	THER'S MAIDE	N NA	ME				
William A.	WENKER				Joa	n Wainr	rig	ht GASSNE	R			
IS. WAS DECEASED EVER		CES? 16.	SOCIAL SECU	JRITY NO.		INFORMANT &						
(Yes, no, or unk.) (If Ye	s, give wer or detes of s	prvice)	-			U.S. ha	ar I	l Hos 'ta	l ne	وأعطرا	3	
1			18. MED	ICAL CER							NTERVAL	BETWEEN
I DISEASES OR CONDITI	ONS DIRECTLY LEADING							David a			ONSET AN	D DEATH
IMMEDIATE	CAUSE (A)	Asp	iration	n Pneum	onia			#763				
ANTECEDENT	CAUSE(S) DUE T	0										
DISEASES OR CONDITION GIVING RISE TO THE AL	ROVE CALISE		te peri	itoniti	5							
STATING UNDERLYING	AUSE LAST. DUE T	Atres:	ia. of	small:	intest	ine						
11 OTHER SIGNIFICANT CO		NG										
TO THE DEATH BUT NO												
190. DATE OF OPERATION		OR FINDINGS O	F OPERATION								20, AUT	
												NO 🗍
21m. ACCIDENT WAS UN OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICA	ISE OF DEATH OF IN	PLACE (Home, UURY street, off			ic. WHERE D	ID INJURY OCC	CUR?	(City or fown)	4	(County)	(:	State)
21d. TIME OF INJURY (A	Aonth) (Dey) (Yeer)	(Hour) 21e, II While M. el wor		RRED 2	III. HOW D	D INJURY OCC	CUR?					-
22. I hereby cert					- 5	6 . 2	220) 42.5	6		-1	
	- 1											deceased
alive on	(1908)	, and 1	hat death	occurred at.	LL: ADA			ses and on the				SIGNED
(Anem	LRS LCDR MC	USN		M.D. U.	S. Nava			1,Annapol				B.1956
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THERE	OF /	NAME OF	EMETERY OR	CREMATORY		1	LOCATION (City, to	wn, or co	ounly)		(Slete)
CHIRIPIE.	2/23	156	4.5.	LAUAL	-CA	DEHY		HWUAE	oh	IS	1	12.
24. REC'D BY REGISTRAR	REGISTRAN	SIGNATURE	_	A	25 FUNE	AL DIRECTOR	SIG		1	ADDR	ESS	20 1
DATE 2/23/14	56-10	life	TOMA	cl	John	M. Ton	01-	T+ OUS	Un	MOT	Elis	me.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1334 CERTIFICATE OF DEATH

01354 Reg. Dist. No. 245

1. PLACE OF DEATH	£	2. USUAL RESIDENCE	HOME) OF DECEAS	ED		
COUNTY Anne Arundel	MARYLAND	state Marvland	COUNTY Prin	nce Georges		
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate lin	mils, write RURAL and give n			
OR and give nearest town) Annapolis	(in this place)	TOWN Cottage	Citar	11.11		
HOSPITAL OR		STREET	(il rural give locetion	n)		
> INSTITUTION OR STREET ADDRESS Homewood Convele	sent Home	ADDRESS 3718	40th Place,.	,		
3. NAME OF (First)	(Middle)	(Last) 4	DATE (Month)	(Dey) (Year)		
(Type or Print) India	Will	liams	DEATH Februa	ary 12. 1056.		
5. SEX 6. COLOR OR 7. SINGLE, A	AARRIED, 8. DATE	OF BIRTH 9. A		ER I YEAR JIF UNDER 24 HRS		
female white (Specify)	widowed Nov 2	27, 1879 76	Months Yrs.	Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work 10b	. KIND OF BUSINESS	11. BIRTHPLACE (Stelle or foreign cou		12. CITIZEN OF WHAT		
done during most of working life, even if	OR INDUSTRY	Virginia		COUNTRY?		
refired Housewife or	m home	14. MOTHER'S MAIDEN NAME		UDA		
is, rainta s name						
John King		? Hubble				
15. WAS DECEASED EYER IN U. S. ARMED FORCES? [Yes, no, or unk.] [Iff Yes, give wer or detes of service]	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRE	55			
no	none	John G. Lowd	er Same as No	2		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN		
	"Innough. 1	1 Alexander	110	2 1/195		
420.0 IMMEDIATE CAUSE (A)	TO CONDOC	-arthurile	J	- X M/C 3.		
ANTECEDENT CAUSE(S) DUE TO	Ti Vale und allas	· Ore A COUNT 10	111110	1 - Barren		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	<u>HERRENDSEO</u>	is some and	wany)	Andrew		
STATING UNDERLYING CAUSE LAST, DUE TO						
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
	NGS OF OPERATION			20. AUTOPSY?		
				YES NO L		
	(Home, ferm, fectory, reet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (C	ify or town) (Co	ounty) (Steta)		
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?				
M.	White Not white et work					
22. I hereby certify that I attended the c	leceased from 2/17	- 19.56 to 2/1	2 19 S.C that	I last saw the deceased		
22. I hereby certify that I attended the deceased from 19.50, to 2, 19.50, to 19.50, that I last saw the deceased alive on 2, 19.50, to 2, 19.50, to 19.50, to 19.50, that I last saw the deceased alive on 2, 19.50, to						
BIGNATURE	ADDRESS	(Street, with, town, state)	HAYE STURED			
	ack MD.	11. 1. 176 10	In June Du	dah Sin Istorbu		
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY &	R-EREMATORY 10	CATION (City, town, or cour	nty) (Sidte)		
23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial Feb 15. 1	05(7			/		
BUITAL FED 15 1 24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	956 Fort Line	oln Cemetery (Colmar Manor	ADDRESS		
1 4.0 W 120EL m. D.	· Samuel					
DATE TOUR IN 100	wy war war	F Gasch's Sons	2 HARLOZATTT	.09 1100		

TO FUNERAL DIRECTOR: The law requires that the death certificate lie filed with the registrar within 7. hause of an death. After this certificate has been executed by the attending physician and completely filled in my the function of the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

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ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01355

CERTIFICATE OF DEATH

1379,			R	eg. Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Anne Arundel	MARYLAND	STATE Maryl	and COUNTY	Baltimore	City
C-TY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF SYAY (in this place)		prete limits, write RURAL a		
/ TOWN Crownsville	12yrs.8mos.	9day WWN Balti	more City		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(if rural giv	re focation)	
STREET ADDRESS Crownsville State	Hospital	325 N	I. Gilmor St	reet	
3. NAME OF (First) (A	Aiddle)	(Lesi)	4. DATE (Mon	th) (Day)	(Year)
(Type or Print) Mary		Williams	DEATH 2	5	19 56
5. SEX 6. COLOR OR 7, SINGLE, MARRIEL RACE WIDOWED, DIVO	DRCED. 8. DATE C	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	
Female Negro (Specily) Ma:		known	57? уп.	Months Days	Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)		ZEN OF WHAT
refired) Housewife		Virginia			J. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Henderson Harris		Florence	Powell		
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Unk.	Hospita	1 Records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	ITIFICATION			TERVAL BETWEEN
/ // IMMEDIATE CAUSE (A) Seco	ondary Anemia				
ANTECEDENT CAUSE(S) DUE TO			******		
DISEASES OR CONDITIONS, IF ANY, IN CA. (of Cervix				
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS C	F OPERATION				20. AUTOPSY?
21. ACCIDENT WAS IMPEDIATED TO 12 24 MACE IN		4 4 -			S NO T
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPLER)	fice bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stata)
While	Mot white m	2 If. HOW DID INJURY OCCU	R?		
M, et wa	rk 🔲 at work 🔲				
22. I hereby certify that I attended the decease	sed from 1/2	1 19 48 to	2/5 19 56	, that I last s	aw the deceased
		5:00 am, from the	causes and on the c	late stated abo	
C. O. A. Mullelle	(L. Benedict,	Cro	wnsville, M	d.	2/5/56
23/ BOSIAL REMOTION DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	(Stata)
- REMONALS LIVE 13-06	Malm.	Med School	1 Sheen	SI	
24/ RECTO BY REGISTRAR'S SIGNATURE	2	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRE	ss
DATE du M. 4.	onee	Visse	Vilas	*	

2 .V. UABOU

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INSTRUCTIONS

after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1380 CERTIFICATE OF DEATH

01356

36 ;	Items 12 25 FilmGly3 2-28-56 et	Reg. Dist. No						
W	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	COUNTY ANNE HRUNDEL MARYLAND	STATE MARYLAND COUNTY ANNE ARUNDE	<u></u>					
	CITY (If outside corporate jumits, write RURAL LENGTH OF STAY OR and give nearest town) [in this place]	CITY (Il outsida corporate limits, write RURAL end give nearest town) OR	7~					
	Y TOWN MILIERSVILLE ZWEEKS	TOWN FERNDALE - GLEN DURN'E F	1					
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)						
	- STREET ADDRESS DANNS NURSING HOME	III FERNDALE TOAD						
	3. NAME OF (First) (Middle) DECEASED	(Lost) 4. DATE (Month) (Dey) (Yeer)						
	(Type or Print) JOSEPH - WIT	TKOFSKY DEATH /EB 13 1950	6					
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED,		HRS.					
	MALE WHITE (Specify) WIDOWED JUNE	= 3 /8-74 8/ yrs.						
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
*	rollod) NICUIDER (RETI) B+O, R.R	GERMANY U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	UNKOWN	UNTOWN						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS /// Ferndale	KY.					
	NONE NONE	MR. John Kickert Terndale, Me	₫,					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEAT						
	7 IMMEDIATE CAUSE (A) Levellal Cit	eric Heherokers ?						
	ANTECEDENT CAUSE(S) DUE TO D. A. A. A. A.	7						
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	-W .						
	STATING UNDERLYING CAUSE LAST. DUE TO							
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,							
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	7					
	21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, ferm, fectory, 21	1c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)	<u></u>					
	21a. ACCIDENT WAS UNDERLYING 21b PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	to make the state of the state						
		216. HOW DID INURY OCCUR?	_					
	M. et work et work							
	22. I hereby certify that I attended the deceased from 2/1/0219 to 2/1/3/5/19 that I last saw the deceased							
	palive on. 2 19 19 11 and that death occurred at M. from the causes and on the date stated above.							
10M	SIGNATURE THE ROLL OF THE STATE	ADDRESS (Street, city, town, stete) DATE SEGN	ED					
1.55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (State	1					
A15C 1-55 10M	REMOVAL (SPECIFY)	SCAR COM DUIN DALL GALTEM						
VS AI	DUT, AL FED 16 1956 HOLY NE 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURED	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
>	1 2 m (6-	Singleton Funeral Home, Clen Furnie, Md						
	DATE	- Life To toll I dill dr. 1101 e, Cash I till life, 110						

1 7 0/1/10

After

ö

1. PLACE OF DEATH

STREET ADDRESS

NAME OF DECEASED

(Type or Print)

13. FATHER'S NAME

5. SEX (If outside corporate limits, write RURAL

COLOR OR

CI

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAZH

(If Yes, give war or dates of service)

DUE TO

DUE TO

(Year)

DATE THEREC

56

REGISTRICE'S SIGNATURE

RACE

10a. USUAL OCCUPATION (G ve kind of work

A. / IMMEDIATE CAUSE

19e. DATE OF OPERATION

alive on...2.

BURIAL, CREMATION,

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

21a. ACCIDENT WAS UNDERLYING [

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, # ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

done during most of working life, even if

end give neerest lown)

COUNTY

CITY

TOWN HOSPITAL OR INSTITUTION OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE 1335

WOOLU

DATE OF 8

11.

21c.

21f.

MARYLAND

LENGTH OF STAY

(Middle)

SINGLE, MARRIED,

WIDOWED, DIVORCED

196. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, factory,

OF INJURY street, office bldg., etc.)

While

et work

21e. INJURY OCCURRED

Not while

M.D. NAME OF CEMETERY OR CRE

LIMCOLL

at work

and that death occurred at...

(Specify) SI 49/E

ORE

OR INDUSTRY

lerical

16. SOCIAL SECURITY NO.

18. MEDIČAL CERTI

01357

OF DE	ATH		0200		
0. 0.,		Reg. E	ist. No		
2. USUAL RESIDE	NCE (HOME) OF	DECEA	SED		
STATE M	D COUNTY	1	7 19		
CITY (If outside corp	porete limits, write RURAL		nearest fown)		
THIWN Sh.	ldys/de				
STREET ADDRESS	(If rural)	iva locat	ion)		
(Lest)	4. DATE (M	onth)	(Dey)	(Yee	r)
ERTON	DEATH	26	21		56.
BIRTH	9. AGE fast birthday	IF U	DER 1 YEAR	IF UNDER	24 HRS j Min.
1 1876	79 yrs				1
. BIRTHPLACE (Stele or for			COUN	N OF WHA	
11551551P1	0/		\cup	SA	
14. MOTHER'S MAIDEN	,				
Fannie Lex	e Tulson	<u> </u>			
CHOS. E	ADDRESS BALDWIN	150	7		h
TRUS B	PAINE PIR. C	400	16403	RVAL BETW	W O
B	1.1.	′	0.618	ET AND DE	ATH
lagenou	u Tenha	ui	2 3 =	yn	
	•				
				AUTOPS	
. WHERE DID INJURY OCC	UR? (Cily or lown)	{(County)	(Slate)	
HOW DID INJURY OCC	UR?				
/ /	2 / 1 / 2	/-			
125 10	1 /		at I last sav		eased
	causes and on the		tated above	e.	PMED
1 1	RES Silver, City, 10	And	, , /	2//	NED
REMATORY	LOCATION (City, to	MI, OF CO	unty)	(S	lete)
, /	Washing	404	1.0		
25. FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	11	
Berund	Hardet.	11.	0,000	De La	4
MEGILLALIA.	The same		1		

CODY death. third affill Lours aff 72 Lour mithin funeral ne strar the þ 라.드 with burial transit permit. FUNERAL DIRECTOR: The taw requires that the death certificate be filled entificate has been executed by the attending physician and completely a attending physician and detached for use as a buri 8 death certificate assembly should certificate has

or attending physician. The bottom copy may be retained by the hospital

ATTENDING PHYSICIAN

A15C 1-55 10M

50

24.

and

affending physician

USE

ă

certificate

death

of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01358

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Anne Arundel Md. MARYLAND STATE COUNTY (If outside carporete limits, write RURAL LENGTH OF STAY (if outside corporete limits, write RURAL and give neeres) lown) end give nearest town) (in this plece) TOWN Millersville & Rural TOWN Elvaton, Millersville PO. HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS (Middle) NAME OF (Lest) DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH Frederick Zick 56 19 SINGLE, MARRIED, COLOR OR 8. DATE OF BIRTH AGE last birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Hours (Specify) Married March 16,1883 Male 10b. KIND OF BUSINESS 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (Stella or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY Baltimore . Md. Butcher Meat Market 13. FATHER'S NAME Henry F. Zick Barbara Trump 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or dates of service) Mrs Viola Zick, Elvaton, Pasadena, Md. 215-01-1587 none 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) While Not while et work et work 7-1 19 J. J., that I last saw the deceased 22. I hereby certify that I attended the deceased from ... L.R.M, from the causes and on the data stated above. 19. J. and that death occurred at..... SIGNATURE ADDRESS (Street, city, town, state) 1-55 10M urne. no SURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Glen Haven Memorial REGISTRAR'S SIGNATURE Glen Burnie REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE Glen Burnie.

ALTERNATION OF HEAST OF HEAST CHARGE TE

1057 CERTIFICATE OF DEATH

S.V. UNBERAU V. S.

KEELI

15 V. UZI 1958

3-1-1

Total

(Year)

12. CITIZEN OF WILAT

COUNTRYT

19 56

INTERVAL BETWEEN

ONSET AND DEATH

(Day)

Months

10b. KIND OF BUSINESS OR

Retired

INDUSTRY:

21b. PLACE (Home, farm, factory,

even if retired): 13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

unknown

Germany

18. MEDICAL CERTIFICATION

Karl Zwanzig 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service) none

17. INFORMANT & ADDRESS 1325 N. Linwood Ave Mrs Frieda Hylla, Baltimore, Md.

11. BIRTHPLACE (State or foreign country):

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a).... DUE TO

Drowning

Antecedent cause(s) (b).. Diseases or conditions, If any, giving rise to the above cause DUE TO stating underlying cause last

10a. USUAL OCCUPATION (Give kind of

work done during most of work life,

IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

Dissecting Aortic Aneurysm DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes 🖺 No 🗆 (State)

Md.

PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. street, office bidg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED Not while INJURY 2 work [

Anne Arundel 21f. HOW DID INJURY OCCUR? Fell in Water

22. I hereby certify that I took charge of the remains described above, held an Autopsy E, Inspection [], Inquiry [], and find that death resulted from: Natural causes [], Accident M, Suicide [], Homicide [], Undetermined cause [].

23. BURIAL, CREMATION.

21a. EXTERNAL CAUSE WAS

DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. NAME OF CEMETERY OR CREMATORY

21c. (City or town)

DATE SIGNED

REMOVAL (Specify) : Burial

SIGNATURE

THEREOF DATE

24. FUNERAL DIRECTOR

DATE REC'D BY LOCAL REG.

Hopping and Kirkley . Glen Burnie, Md.

CHIEF MEDICAL EXAMINER

(County)

LOCATION (City, town, or county)

FOR Suppl RESERVED MARGIN E PLAINLY, WITH especially important. RITE is es W W SE

carefully. Transfer and legibly.

f information death clearly

BINDING

5. SEX:

FEB OF THE STATE O